## N9700000 6820

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
· <del></del>			
Special Instructions to Filing Officer:			

Office Use Only



900344504619

05/15/20--01004--008 **RFCEIVED** \*\*35.00 MAY 1 8 2020

2620 FA 1:57

C GOLDEN
JUN - 8 2020

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Timberwalk Hor	neowners Association	ı, Ілс. ——-	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following	ş:	
Joshua Moses			
	(Name of Contac	t Person)	
The Florida Legal Advocacy Group, P.A.			
	(Firm/ Comp	any)	
1024 E. Silver Springs Blvd.			
	(Address	)	
Ocala, FL 34470			
	(City/ State and Z	ip Code)	
JM@thefloridalegaladvocacygroup.com			
E-mail address: (to be u	ised for future annual	report notificatio	n)
For further information concerning this matter, ple	ase call:		
Joshua Moses		352 at _	732-8030
(Name of Contact Pers	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florid	la Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certif y is Certif	O Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	- , I	Street Address Amendment Secti Division of Corpo The Centre of T	prations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

2020 " 18 PH 1: 57

Timberwalk Homeowners Association, Inc.				2.10	10 (1)
(Name of Corporation as currently filed with th	ie Florida D	ept. of State)	,		
N97000006820					
(Docur	ment Numbe	r of Corporatio	n (iť known)		
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statute:	s, this <i>Floridu i</i>	Not For Profit Corpora	tion adopts	the following
A. If amending name, enter the new name of th	ie corporati	on:			
N/A					The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		on" or "incorp	orated" or the abbrevio	ition "Corp.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		N/A			
			<u>-</u> .		
				· •	
C. Enter new mailing address, if applicable:		N/A			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>(BOX</u> )				
D. If amending the registered agent and/or regi	istered offic	e address in F	orida enter the name	of the	
new registered agent and/or the new register			orma, ener in mane	01 1110	
Name of New Registered Agent:	N/A				
	N/A				
			(Florida street address)		
New Registered Office Address	:				
			, F	lorida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing	Registered A	Agent:			
I hereby accept the appointment as registered age			accept the obligations o	f the positio	n.
		<u></u>			
	Sig	nature of New	Registered Agent, if cha	ınging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X. Remove X. Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	<u>S</u>	Thomas Hyacinth	8454 SW 136th Loop Ocala, FL 34473
<ul> <li>X Remove</li> <li>2) Change Add</li> </ul>	<u>T</u>	Gilbert Evans	8290 SW 135th Loop Ocala, FL 34473
x Remove Change	T	David Vega	13374 SW 85th Terrace Ocala, FL 34473
4) Change Add	<u>S</u>	Barbara Lawrence	8260 SW 135th Loop Ocala, FL 34473
Remove  5) Change Add Remove			
6) Change Add Remove			
		icles, enter change(s) here: (Be specific)	

	·
	<del>.</del>
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment)	it file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filir document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $5-12-2020$
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
JOAB WILLIAMI
(Typed or printed name of person signing)
PRESIDENT.
(Title of person signing)

to the property of the contract of