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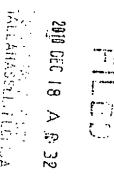
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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GOVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The Springs at Country Community Association Fine
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alex Millano (Name of Contact Person)
(Name of Contact Person)
Onalin Property Management
(Hirm/ Company)
4733 W Atlantic Ave, Suite (8
Delray Ceach FL 33445
(City/ State and Zip Code) Alexalim property Management. (cm E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Alex M. ano at 56/- 191-5098 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S552.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address
Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ine springs at voyer community wasociation, 16
(Name of Corporation as currently filed with the Florida Dept. of State)
N 98000001951
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4733 W Atlantic Are Suite 17 Delvay Deach, FL 33445
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 4733 W Aflantic Mue, Su, 744 Delvay Beach, FL 33445
1). If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Margaret Villalla, Esq. Name of New Registered Agent: Buchahan Ingersoll of Rooney PC 401 E Lus Olas Coulevan, Suffe 2150 (Florida street address)
New Registered Office Address: H. Laudedale Florida 3536 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. By: Way July Signature of New Registered Agent, if changing

Page 1 of 4

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	<u>V</u> <u>Mike</u>	Doe 2 Jones 7 Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
Change Add	P	Erin Br	-ites	40 and in Property M	huragene A
Remove Change Add	\bigvee	Shend,	Brienes	Defray Beach, Fl Jo aralim Proport 4233 W Atlantic	<u> 33745</u>
Remove 3) Change Add	T	Chery/ Ta	ylor-WhiJuhust	Go analim Prope 4733 W Aflantin	2 33 445 The Maragence Mr. Swel
Remove 4) Change Add	5	Dannelle	Kelsey	Detay Beach, F	<u>L</u> 53945
Remove 5) Change Add		N.cole	Pore		
Remove 6) Change Add	. <u></u>				<u> </u>
Remove					

If amending or adding additional A (attach additional sheets, if necessary)). (Be specific)			
				
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date	e)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast fo was/were sufficient for approval.	r the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendr adopted by the board of directors.	nent(s) was/were
Dated 11/27/2018	
Signature CM Brites	
(By the chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chairman of the board, president or other chairman or vice chai	
Erin M Brites (Typed or printed name of person signing)	
(Typed of printed name of person signif	157
Resident	
(Title of person signing)	