

N99000004289

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(Address)

(Address)

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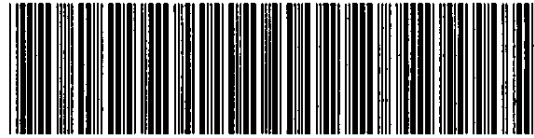
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
9/16/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lake Marion Golf Resort Homeowners Association, Inc.

DOCUMENT NUMBER: N99000004289

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rakesh Sharma, LCAM

(Name of Contact Person)

EPM Services, Inc.

(Firm/ Company)

PO BOX 197043

(Address)

Winter Springs, FL 32719

(City/ State and Zip Code)

For further information concerning this matter, please call:

Rakesh Sharma

(Name of Contact Person)

at (407) 327-5824

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

Lake Marion Golf Resort Homeowners' Association, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

N99000004289

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article
Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

REMOVE: President Director (PD)

Kleider, Itzhak

329 Port Pleasant Drive

Kissimmee, FL 34759

CHANGE TITLE: From: Director (D) To: President Director (PD)

For:

Debolle, Delores

232 Ocean Bluff

Kissimmee, FL 34759

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ALL CHASSEL FLORIDA

The date of adoption of the amendment(s) was: August 28, 2008

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Delores De Bolle
(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.)

Delores Debolle
(Typed or printed name of person signing)

President Director
(Title of person signing)

FILING FEE: \$35