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(Re	equestor's Name)	·				
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PICK-UP	☐ WAIT	MAIL				
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Camino	Wood	s II	Home	owners,	Inc.	
DOCUMENT NUMBER:	N99 (00000	4991				
The enclosed Articles of Amendme	ent and fee are	submitte	ed for fi	ling.			
Please return all correspondence co	oncerning this	matter to	the fol	lowing:			
<u>Ste</u>	ven A. Wa (Namo	agner e of Con					-
	Steven A			,			
 							-
	1)	irm/ Co	mpany)				
3275 West	3275 West Hillsboro Blvd, Suite 205					_	
(Address)							
Deerfie	ld Beach,	, Floi	rida	334	42		
	(City/	State an	d Zip C	ode)			_
nog mijerii i W i	agnerna@k	nelle.	ou+h	net			
	address: (to be				report notific	ation)	_
For further information concerning	this matter, pl	ease call	:				
Steven Wagne (Name of Contact Pe)418-03		one Number)
·	•				_	_	me Number)
Enclosed is a check for the following	ng amount mad	le payab	le to the	e Florid	a Departmen	t of State:	
Certificate	Filing Fee & of Status	(Ertified Addition enclose	d Copy onal cop d)	•	Certifi Certifi (Addit	.50 Filing Fee cate of Status ed Copy ional Copy closed)
Mailing Address Amendment Section Division of Corporal P.O. Box 6327 Tallahassee, FL 323	tions			Amendr Division Clifton I 2661 Ex	Address- nent Section of Corporation Building ecutive Centersee, FL 32301	r Circle	

Articles of Amendment

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to Articles of Incorporation 2011 MAY 26 AM 11: 46 of

SECRETARY OF STATE
Camino Woods II Homeowner ALLIA HASSEE, FLORID!

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

N99000	704991
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporate	Statutes, this Florida Not For Profit Corporation adopts tion:
A. If amending name, enter the new name of the cor	poration:
Camino Woods II Homeown	ners Association, Inc.
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST BE A STREET ADDITION OF THE ADDITION OF	
Frincipal office address MUSI BE A STREET ADDR	(ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<i>(</i>)
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent:	
- I amo of the Aragassi ou asgent.	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. position.	stered Agent: I am familiar with and accept the obligations of the
C:	of New Projectioned Acoust if changing

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: $(Y)AY 19, 2011$
(date of adoption is required)
Effective date if applicable: A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(no more share)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature (By the chairman or vice chairman of the board, president or other officer is directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Typed or printed name of person signing)
(Title of person signing)