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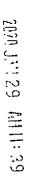
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	BAY COMMUNITY HOMEOWNERS ASSOSCIATION, INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Rebecca Lamey	
	(Name of Contact Person)
Pelican Bay Community Homeowners Asso	eiation, Inc.
	(Firm/ Company)
208 Exuma Drive	
	(Address)
Micco, Fl. 32976	
	(City/ State and Zip Code)
rlamey28@yahoo.com	
E-mail address: (i	to be used for future annual report notification)
For further information concerning this matt	er, please call:
Rebecca Lamey	2288604173 at
(Name of Conta	ct Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amoun	it made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate o	
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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2000 100 29 4511:39

Name of Corporation as currently filed with the Florida D	ept. of State)	
PELICAN BAY COMMUNITY HOMEOWNERS ASSOCIA	ATION, INC.	
(Document Number	r of Corporation (if know	1)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pr</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporated" of	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
, ,		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office	e address in Florida, ent	er the name of the
new registered agent and/or the new registered office a	ddress:	·
Name of New Registered Agent: N/A		
Name of New Registered Agem.		
	d?t	a street address)
New Registered Office Address:	(Floria)	i sireet tutaress)
<u> </u>		
_ _	// 12mm	, Florida (Zip Code)
	(City)	(Zip Cinie)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fail	Agent: miliar with and accept the	obligations of the position.
	ignature of New Registered	d Agent if changing

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change Add Remove	P	Kathleen Ollis	188 Overlook Drive Micco, FL 32976
2) Change X Add	T	Rebecca Lamey	208 Exuma Drive Micco, FL 32976
Remove 3 Change Add X Remove	T	Lou Lafair	182 Overlook Drive Micco, FL 32976
4) Change Add	Р	David Mc Pheeters	175 Hopetown Rd. Micco, FL 32976
X Remove 5) Change Add	D	Kathleen Ollis	188 Overlook Dr. Micco, FL 32976
X Remove 6) Change X Add	<u>S</u>	Suzanne Smedley	185 Overelook Dr. Micco, FL 32976
Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			

	Page 3 of 4
The date of each amendment(s) a	adoption: December 1, 2019, if other the
date this document was signed.	, if other ti
Effective date if applicable:	
inective date it applicable.	(no more than 90 days after amendment file date)
	lock does not meet the applicable statutory filing requirements, this date will not be listed as

Dated Signature	124/2020 Lio Elli
h	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary; by that fiduciary)
v	Kathleen Ollis
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.