

P120000035070

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H18000098836ABCA

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : RAFAEL ACCOUNTING TAX  
Account Number : I20130000095  
Phone : (305)558-1685  
Fax Number : (305)558-4835

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
DG ENGINEERING SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Name  
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18 MAR 28 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 29 2018

J ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment  
to  
Articles of Incorporation  
of

DG ENGINEERING SOLUTIONS INC

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

P12000035070

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

FDG SOLUTIONS INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. 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:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City), Florida

(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.

Signature of New Registered 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:

☒ Change                      PT      John Doe

☒ Remove                      V      Mike Jones

☒ Add                      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

(Attach additional sheets, if necessary). (Be specific)

[illegible][illegible]

03/27/2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

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

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 03/27/2018 \_\_\_\_\_

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID F GONZALEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888)491-1120  
Fax Number : (954)343-6962

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: clstrinda@taylor-morrison.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
COBBLESTONE ON PALMER RANCH HOMEOWNERS  
ASSOCIATION,**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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18 MAR 28 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend/cc*

MAR 29 2018

1 ALBRITTON

FILED  
2018 FEB 28 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT TO ARTICLES OF INCORPORATION OF  
COBBLESTONE ON PALMER RANCH HOMEOWNERS ASSOCIATION, INC.**  
(A Florida corporation not for profit)

Pursuant to Chapter 617.1006 of the Florida Not For  
Profit Corporation Act

RYAN FULMER, Secretary of COBBLESTONE ON PALMER RANCH HOMEOWNERS ASSOCIATION, INC., a Florida corporation not for profit ("Association"), does hereby certify under the seal of the Association as follows:

1. The Association was originally incorporated on March 17, 2015, Document Number N15000002810, under Chapter 617 of the laws of the State of Florida.
2. The Declaration of Covenants, Conditions, Restrictions and Easements for Cobblestone on Palmer Ranch was recorded on April 24, 2015, as Official Records Instrument #2015048987, of the Public Records of Sarasota County, Florida.
3. Article XIII, Section B, of the Articles provides that after the First Conveyance and prior to the Turnover Date the Articles may be amended solely by a majority vote of the Board, without the prior written consent of the Members, at a duly called meeting of the Board.
4. The Board of Directors of the Association is desirous of amending the Articles as provided for herein.
5. The following Amendment was adopted by the Board of Directors by Written Consent in Lieu of Meeting on March 19, 2018, and there are no members entitled to vote on the Amendment.

NOW, THEREFORE, the Articles are hereby amended as follows:

1. Article IV, Section C.6, is hereby amended to read as follows:

6. To employ personnel, retain independent contractors and professional personnel, and enter into service contracts to provide for the maintenance, operation, administration, financing, insuring, repairing, replacing and management of the Association Property, **Lots and the Lifestyle Community program, as applicable,** and to enter into any other agreements consistent with the purposes of the Association, including, but not limited to, agreements with respect to professional management of the Association Property and to delegate to such professional management certain powers and duties of the Association.

(words ~~struck through~~ are deleted; words **bolded and double-underlined** are added)

rules and regulations which are torn down or lost shall be promptly replaced. As an alternative to or in addition to mailing copies to the last known address and posting at a conspicuous location, copies of any rules and regulations shall be posted on the Association's website and retained or stored by the property manager as an official record of the Association.

(Words added are shown in bold and double-underline, words deleted are shown by ~~strike-through~~)

IN WITNESS WHEREOF, this Amendment to the Bylaws of Cobblestone on Palmer Ranch Homeowners Association, Inc., has been executed by the President and Secretary of the Association this 20<sup>th</sup> day of March, 2018.

COBBLESTONE ON PALMER RANCH  
HOMEOWNERS ASSOCIATION, INC., a  
Florida not-for-profit corporation

ATTEST

By:

Ryan Fulmer  
RYAN FULMER, Secretary

By:

Anthony J. Burdett  
ANTHONY J. BURDETT, President

(Corporate Seal)

STATE OF FLORIDA            )  
  ) SS:  
COUNTY OF SARASOTA        )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by ANTHONY J. BURDETT, as President, and RYAN FULMER, as Secretary, of COBBLESTONE ON PALMER RANCH HOMEOWNERS ASSOCIATION, INC., a Florida not-for-profit corporation, freely and voluntarily under authority duly vested in her by said corporation and that the seal affixed thereto is the true corporate seal of said corporation, who is personally known to me.

WITNESS my hand and official seal in the County and State last aforesaid this 20<sup>th</sup> day of March, 2018.

My Commission Expires:

Deborah K. Beckett  
Notary Public

Typed, printed or stamped name of Notary Public

