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(((H22000205762 3)))



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6380

: (305)884-6444

From:

Account Name : INDEPENDENT TAX SERVICES PLUS CORP.

Account Number : 120020000072 : (305)887-0001

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

Email Address: Independent faxservices @ Hormail. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN TWIN OAKS PROPERTY CORP

J. HORNE JUN 1 4 2022

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|-----------------------|---------|
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| Page Count            | 05      |
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Jun. 13, 2022 4:30PM

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: TWIN OAKS PRO  | PERTY CORP  |  |
|---------------------------|---|---|--|
| DOCUMENT NUMB             | ER: P22000046423  |   |  |
| The enclosed Articles of  | of Amendment and fee are su   | bmitted for filing.   |  |
| Please return all corresp | pondence concerning this ma   | tter to the following:  |  |
| (                         | CARMEN I FERNANDEZ  |   |  |
| -                         |   | Name of Contact Person  |  |
| -                         |   | Firm/ Company   | <del></del>  |
| :                         | 169 LARIAT CIRCLE   |   |  |
| -                         | <del></del>   | Address   |  |
|                           | STAUNTON VA 24401   |   |  |
|                           |   | City/ State and Zip Code  |  |
|                           |   |   |  |
| -                         | E-mail address: (to be us   | sed for future annual report:   | notification)  |
| For further information   | concerning this matter, please  | se call:  |  |
| CARMEN I FERNAN           | DEZ   | 786   | 525-4016<br>le & Daytime Telephone Number  |
| Name of Contact Person    |   | Area Coo  | le & Daytime Telephone Number  |
| Enclosed is a check for   | the following amount made   | payable to the Florida Depa   | rtment of State:   |
| \$35 Filing Fee           | □\$43.75 Filing Fee & Certificate of Status                               | ☐\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)               |
| Ame<br>Divis<br>P.O.      | ing Address ndment Section tion of Corporations Box 6327 hassee, FL 32314 | Amendo<br>Division<br>The Ce<br>2415 N                                      | Address ment Section of Corporations ontre of Tallahassee  Monroe Street, Suite 810 ssee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

| TWIN OAKS PROPERTY CORP  | 77.05                  | ES I                   |
|--|------------------------|------------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State)   | 7.2                    | يا                     |
| P22000046423   |                        |                        |
| (Document Number of Corporation (if known)   | <del>اران</del><br>دو: | <del>) ()</del><br>~ ~ |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folits Articles of Incorporation:  | llowing an             | nendm                  |
| A. If amending name, enter the new name of the corporation:  | -                      |                        |
|  | Th                     |                        |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must of<br>"chartered," "professional association," or the abbreviation "P.A." |                        |                        |
| B. Enter new principal office address, if applicable:  |                        |                        |
| (Principal office address MUST BE A STREET ADDRESS)  | <del>-</del>           |                        |
|  |                        |                        |
| 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)   | (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 pos   | ition.                 |                        |
| Signature of New Registered Agent, if changing   |                        |                        |
|  |                        |                        |
| Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.  |                        |                        |

14 5050 PN

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.

| X Change                      | <u>PT</u>    | <u>John Doe</u>    |                   |
|-------------------------------|--------------|--------------------|-------------------|
| X Remove                      | Y            | Mike Jones         |                   |
| X Add                         | <u>sv</u>    | Sally Smith        |                   |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>        | <u>Addres</u> s   |
| 1) Change                     | VP           | CARMEN I FERNANDEZ | 169 LARIAT CIRCLE |
| Add                           |              |                    | STAUNTON VA 24401 |
| X Remove                      |              |                    |                   |
| 2) Change                     | VP           | OTONIEL FERNANDEZ  | 169 LARIAT CIRCLE |
| XAdd                          |              |                    | STAUNTON VA 24401 |
| Remove 3) Change              |              |                    |                   |
| Add                           |              |                    |                   |
| Remove                        |              |                    |                   |
| 4) Change                     |              |                    |                   |
| Add                           |              |                    |                   |
| Remove                        |              |                    |                   |
| 5) Change                     |              |                    | ·                 |
| Add .                         |              |                    |                   |
| Remove                        |              |                    |                   |
| 6)Change                      |              |                    |                   |
| Add                           |              |                    |                   |
| Remove                        |              |                    | ·                 |

| (Attach addition      | al sheets, if necessary). (Be specific)   |
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| ,,                    |   |
| <u>neovisions for</u> | nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: |
| (if not app.          | licable, Indicate N/A)  |
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| • • •  | 06/13/2022  |   |
|--|---|---|
| The date of each amendment(s                                       |   | , if other than t                       |
| date this document was signed.                                     |   |   |
|  | 6/13/2022   |   |
| Effective date <u>if applicable</u> : _                            | (no more than 90 days after amendment file da   | ***                                     |
|  | (no more than 90 days after amenament file da   | ie)                                     |
| Note: If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requiremed. Department of State's records.   | ents, this date will not be listed as t |
| Adoption of Amendment(s)   | (CHECK ONE)   |   |
| ■ The amendment(s) was/were action was not required.               | adopted by the incorporators, or board of directors without share   | eholder action and shareholder          |
| ☐ The amendment(s) was/were<br>by the shareholders was/wer         | adopted by the shareholders. The number of votes cast for the a sufficient for approval.  | imendment(s)                            |
| must be separately provided  | approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda  | <b>▼</b>                                |
| "The number of votes of  | ast for the amendment(s) was/were sufficient for approval   |   |
| by   | p   |   |
|  | (voting group)  |   |
|  |   |   |
| 06/13/2  | )22   |   |
| Dated  |   |   |
| Signature  | liarmen 1 fernandez   |   |
| sele   | a director, president or other officer – if directors or officers have<br>cted, by an incorporator – if in the hands of a receiver, trustee, cointed fiduciary by that fiduciary) |   |
|  | CARMEN 1 FERNANDEZ  |   |
|  | (Typed or printed name of person signing)   |   |
|  | PRESIDENT/DIRECTOR  |   |
|  | (Title of person signing)   | ·                                       |