

Office of the Secretary of State

CERTIFICATE OF FILING OF

Boerne Saddlehorn Homeowners Association, Inc. 801637127

[formerly: Boerne Saddlehorn Home Owners Association]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 06/13/2018

Effective: 06/13/2018



RR

Rolando B. Pablos Secretary of State



Office of the Secretary of State

June 19, 2018

Attn: Sue Jewell

Boerne Saddlehorn Homeowners Association, Inc.

PO Box 2265

Boerne, TX 78006 USA

RE: Boerne Saddlehorn Homeowners Association, Inc.

File Number: 801637127

It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section Business & Public Filings Division (512) 463-5555

Enclosure

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State Packing Slip

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Attn: Sue Jewell

Boerne Saddlehorn Homeowners Association, Inc.

PO Box 2265 Boerne, TX 78006

Batch Number: 81947478

Batch Date: 06-13-2018

Client ID: 661602051

Return Method: Mail

Document Number	Document Detail	Number / Name	Page Count	Fee
819474780002	Certificate of Amendment	Boerne Saddlehorn Homeowners Associat	o ion, Inc.	\$25.00
			Total Fees:	\$25.00
Payment Type	Payment Status	Payment Reference		Amount
Check	Received	1127		\$25.00
			Total:	\$25.00
	(Applies to documents or orders	Total Amount Charged to Client Account:		\$0.00

Note to Customers Paying by Client Account: This is not a bill. Payments to your client account should be based on the monthly statement and not this packing slip. Amounts credited to your client account may be refunded upon request. Refunds (if applicable) will be processed within 10 business days.

User ID: KGUNDERSON

Phone: (512) 463-5555

FAX: (512) 463-5709 Dial: 7-1-1 for Relay Services