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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SOUTH MANASUTA SANDPIPER KEY ASSOCIATION, INC.  SAME OF CORPORATION:
704023 POCUMENT NUMBER:
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
MARY I. WOLFF
(Name of Contact Person)
(Firm/ Company)
980 N. BEACH RD, C-2-1
(Address)
ENGLEWOOD, FL 34223
(City/ State and Zip Code)
MSEAWOLFF@AOL.COM
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
MARY L. WOLFF 610 608 0706
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status  Certificate of Status (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

SOUTH MANASOTA SANDPIPER KEY ASSOCIATION, INC.

FILED

Name of Corporation as currently filed with the	Florida D	ept. of State)		214 0 00	
704023			2025 FEB 19	PM 2: 30	
(Docume	ent Numbe	r of Corporation (i		OF STATE	
Pursuant to the provisions of section 617.1006. Floridate anneadment(s) to its Articles of Incorporation:	da Statutes	s, this <i>Florida Not</i>	TALLAHAS For Profit Corpo	SEE, FE ration adopts the	following
A. If amending name, enter the new name of the	corporatio	on:			
N/A					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		ion" or "incorpora	ted" or the abbre	viation "Corp." o	r "Inc."
B. Enter new principal office address, if applicab	ole:	N/A			
(Principal office address <u>MUST BE A STREET Al</u>		-			
	-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	( <u>OX</u> )	N/A			
	•				
D. If amending the registered agent and/or regist new registered agent and/or the new registered			da, enter the nan	<u>ie of the</u>	
	u omec ac	201 033.			
Name of New Registered Agent:	2000 N. D	PAZILIDIS COL			
-		EACH RD. C-2-1	(Florida street addres		
New Registered Office Address:			Transau Sirver taures	.37	
	ENGLEW	OOD		, Florida 34223	
-		(City)	·	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered a Lam fan	Agent: uiliar with and acce	ept the obligations	s of the position.	
<del></del>	Sig	gnature of New Reg	istered Agent, if c	:hanging	

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 Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	Р	DAMIAN OCHAB	5056 N. BEACH RD #401
Remove			ENGLEWOOD, FL 34223
2) <u>*</u> Change Add	PP	JOAN DUNHAM-CARD	2350 N. BEACH RD. #2-B
Remove 3) Remove Add Remove			ENGLEWOOD, FL 34223
4) Change Add			
Remove			
5) Change Add		<del></del>	
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	

		<del></del>
-		
		<del></del>
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	-	<del></del>
		, if other than the
The date of each amendment(s) adopti date this document was signed.	ion:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block d document's effective date on the Department	loes not meet the applicable statutory filing requirements, this date will no ment of State's records.	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

15 . 1	02 12 2025
Dated	
Signatur	· May L. Wolff
•	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	MARY L. WOLFF
	MARY L. WOLFF  (Typed or printed name of person signing)