## N06000011527

(Req	uestor's Name	)
(Add	ress)	
(Add	ress)	<del></del> -
(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)	<u> </u>
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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amend

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marco Aparicio gave persussion to add the officer's page (pg 2) and remove him as secretary SEP 02 2021.

A RAMSEY



August 13, 2021

MARK KING 5400 E. MICHIGAN ST ORLANDO, FL 32812

SUBJECT: SIESTA LAGO CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000011527

We have received your document for SIESTA LAGO CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is the incomplete form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 221A00019408

Jessica A Fason Regulatory Specialist II

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SIESTA LAGO CO	NDOMINIUM ASS	SOCIA	TION, IN	C. - <del></del>	
DOCUMENT NUMBER:	000011527					
The enclosed Articles of Amend	ment and fee are sub	mitted for filing.				
Please return all correspondence	concerning this matt	er to the following:				
		Mark King				
•		(Name of Contact	Person	)		
	Manager, Slesta	Lago Condominium	n Asso	ciation, In	c.	
		(Firm/ Compa	ny)			
		5400 E. Michigan	n St.			
		(Address)		<del></del>		
		Orlando, FL 3	2812			
		(City/ State and Zip	Code	)		
		mking@customam	ıgt.com	1		
E-mai	l address: (to be used	for future annual r	eport n	otification	)	
For further information concerni	ng this matter, please	call:				
	Mark King	a	at	407	267-5149	
(Nar	ne of Contact Person			a Code)	(Daytime Telephone Number	er)
Enclosed is a check for the follow	ving amount made pa	ayable to the Florida	a Depa	rtment of S	State:	
■ \$35 Filing Fee □\$	43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fed Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
<u>Mailing Addre</u> Amendment Se		_		Address nent Section	on	

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

FILED

SIESTA LAGO CONDOMINIUM ASSOCIATI (Name of Corporation as currently filed with the Florida Dept. of State) N06000011527 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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: , 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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>S</u>	marco aparicio	5400 E. Michigan S Orlando, Fl. 32812
Remove			
2) Change Add			
Remove  3 ) Change Add Remove			
4) Change Add	<del></del>		
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or addin (attach additional shee	g additional Art ts. if necessary).	icles, enter change(s) here: (Be specific)	
	_		

		<del></del>
-		<del> </del>
	<u> </u>	
The date of each amendment(s) add date this document was signed.	option:	_ if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bloc document's effective date on the Dep.	k does not meet the applicable statutory filing requirements, this date will not bartment of State's records.	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes east for the amendment(s)	

Dated	7/20/2021	
Signature	LAM	
have n	chairman or vice chairman of ot been selected, by an incorp ourt appointed fiduciary by the	the board, president or other officer-if directors or orator – if in the hands of a receiver, trustee, or nat fiduciary)
	Linda A	Abreu
	(Typed o	r printed name of person signing)
	Board	President
		(Title of person signing)