

N06 0000011527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

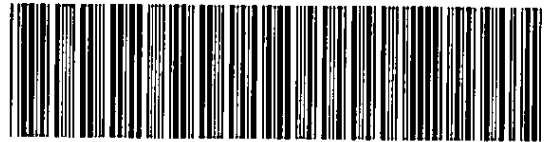
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500370493555

Amend

07/30/21--01021--018 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUL 30 AM 11:13

FILED

*marco Aparicio gave
permission to add the
officer's page (pg 2) and
remove him as secretary*

SEP 02 2021

A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 221A00019408

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SIESTA LAGO CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N06000011527

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark King

(Name of Contact Person)

Manager, Siesta Lago Condominium Association, Inc.

(Firm/ Company)

5400 E. Michigan St.

(Address)

Orlando, FL 32812

(City/ State and Zip Code)

mking@customamgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark King

407

267-5149

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

SIESTA LAGO CONDOMINIUM ASSOCIATION, INC.

FILED

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

N06000011527

(Document Number of Corporation (if known))

2021 JUL 30 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

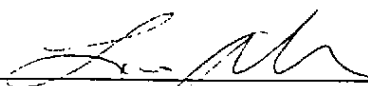
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7/20/2021

Signature 
(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)

Linda Abreu
(Typed or printed name of person signing)

Board President
(Title of person signing)