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Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

: (770)777-2091

Phone Fax Number

: (770)220-1943

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

Email	Address	:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN SARACINA II AT ESPLANADE LAKEWOOD RANCH CONDOMINIUM

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

JUN 02 2014

C. CARROTHERS

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Saracine II at Esplanade	Lakewood Ranch Condominium Association, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Sharon K. Gray	
(Ni	ame of Contact Person)
Triad Professional Services, LLC	
	(Firm/ Company)
1720 Windward Concourse, Ste. 390	
	(Address)
Alpharetta, GA 30005	
(Ci	ty/ State and Zip Code)
Jbaden@triadpros.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	l:
Sharon K. Gray	770-777-2091 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payab	ele to the Florida Department of State:
(\$43.75 Filing Fee & Certified Copy Additional copy is enclosed) \$252.50 Filing Fee Certified Copy 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

A	rticles of Amendment			
A	to rticles of Incorporation of		2015	and after
SARACINA II AT ESPLANADE LAKEWOOD RAN		CIATION, INC.		
(Name of Corporation as c	urrently filed with the Flori	da Dept. of State)	TARY SS	1T)
(Document	Number of Corporation (if kn	iown)	一	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	· Profit Corporation adopts the	following R. 29	
A. If amending name, enter the new name of the cor	poration:		•	
			_The new	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviation "Corp."	or "Inc."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD)</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0			
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the		
Name of New Registered Agent:				
Now Registered Office Address:	(FI	orida sireet address)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: om familiar with and accept	the obligations of the position.		
	Signature of New Regist	tered Agent, if changing		

Page 1 of 4

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	Y Mil	n Doe se Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DVT	Andrew E. Miller	551 North Cattlemen Road
Add			Suite 200
XX Remove			Sarasota, FL 34232
2) Change	DVT	David Truxton	551 North Cattlemen Road
XX Add			Suite 200
Remove			Sarasota, FL 34232
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			-
δ)Change			
Add			
Remove			

F. If amending or adding additional Arti	cles, enter change(s) here:
E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Per specific)
(Littori Basillova, Sviosio, y viscosti, y).	(a d op morpho)
	.

Page 3 of 4

	May 29, 2015
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) coval.
There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
have no other co	hairman of rice chairman of the board, president or other officer-if directors the been selected, by an incorporator - if in the hands of a receiver, trustee, or an appointed fiduciary by that fiduciary) ony J. Burdett (Typed or printed name of person signing)
Presi	(Title of nerson straing)