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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Leisure Lakes Home Owners Civic Association</u> , Inc
DOCUMENT NUMBER: 7/2273
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roberta Schniers (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
3008 BrookLANDS ST (Address)
(Address)
Lake Placio FL. 3385Z (City/ State and Zip Code)
(City/ State and Zip Code)
grammaschwiers Caol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Neberta Schulers at 489-746-4463 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \\$\Bigcup \\$52.50 Filing Fee \$\Bigcup \\$Certificate of Status \$\Bigcup \\$64 Certified Copy (Additional Copy is enclosed) \$\Bigcup \\$64 Enclosed\$
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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Name of Corporation as currently filed with the Flo	orida Dept. of State)	TALL ARY OF STATE
Leisura Lakes Home Commercia	1 Come Asca	THE THE THE
Leisure Lakes Home Country (Document	Number of Corporation	(if known) 7/2273
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the co	rporation:	
Leisure Lakes Civic	Association	S Inc The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorpoi	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
		·
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	κ)	
(
	· ·	
D. If amending the registered agent and/or registered		ida, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		() or all sire and copy
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- hereby accept the appointment as registered agent. I		cept the obligations of the position.
	Signature of New Re	rgistered 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l)Change Add	_ <i>P</i>	Michael Surenson	3012 Beech St. Lake Places FL 33852
Remove 2) Change Add	<u> </u>	Bill Miller	3128 TANGLE WYLDE Lake Place FL 33852
Remove Change Add Remove	2	LINDA Collins	2008 Beech St LAKE PLAND FL33852
4) X Change Add		Gail Bowers	3625 MURNIS GLAY DR LAKE PINEM FL 33852
Remove 5) Change Add Remove	<u>D</u> _	Marsha Lee	3601 JACARANDA LAGE PLACIO FL 33852
6) Change Add	 		
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
K/N_			
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		- / /				
The date of each amendment(s) addate this document was signed. Effective date if applicable:	loption:	02/05/20	21		, if other th	an the
date this document was signed.	. 1.	, ,				
Effective date if applicable:	NM					
	' (no mo	ore than 90 days afte	er amendment file	date)		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



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 02/08/2021 Signature Miled Apparature President
(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)
Michael Screnson
(Typed or printed name of person signing)
President
(Title of person signing)

. . .