717000

(Ř	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
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10/05/23

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOLLDAY LAILEESTATES CIVIC ASSOCIATION,	<u>_</u> N	C.
DOCUMENT NUMBER: 717000		
The enclosed Articles of Amendment and fee are submitted for filing.	_	
Please return all correspondence concerning this matter to the following:		
GEORGE C. MEGALOUDIS (Name of Contact Person)	 -	
(Firm/ Company) 3539 EMORY DRIVE (Address) Houday, Forida 34691 (City/ State and Zip Code) (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Bi3) 956 3902	2023 OCT - 5 PH 12: 40	SI CHETARY OF STATE
(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 ☐ S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)		
Mailing Address Street Address		

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

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dent of State)	<u>C</u> HSSOCIA	JUON I	<u>0</u> C.
	2000			
	iber of Corporation	(if known)		—
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	ates, this <i>Florida N</i>	ot For Profit Corporati	on adopts the follo	wing
A. If amending name, enter the new name of the corpora	ation:			
	NA		The	new
name must be distinguishable and contain the word "corpor" Company" or "Co." may not be used in the name.	ation" or "incorpe	orated" or the abbreviat		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>s</u>)N			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HOUde	eorge c.Meg Emory D ay FL 3	4691	2023 OCT -5 PH 12: 40
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	<u>fice address in Flo</u> address:	rida, enter the name o	<u>[the </u>	_ ,
•		C. MEGAL	<u>ziauc</u>	
New Registered Office Address:	.	(Florida street address)		
	(City)		rida Sip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	d Agent; umiliar with and ac	rcept the obligations of t	he position.	
و ا	Spature of New R	eystered Agent, if chan	ging	

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.

MAC SOMES, 7 ES ACMOS	t, and sair smar	CONTRACTOR	
Example: X.Change X.Remove X.Add	PT John I V Mike SV Sally	<u>Iones</u>	
Type of Action (Check One)	<u>Titl</u> e	<u>Name</u>	Address
l)Change Add	<u>_</u> P	Melissa Tyler (See attacked Resignation Le	2023 OCT
X Remove	T		0CT -
2) Change Add		Heidi Spintig	CORPUS TA US
X Remove 3) Change —X Add — Remove	<u>_P_</u>	beorge Megaloudis	BOULDAY FL 3408
4) Change Add			
Remove			
5) Change Add			we that the first of the first
Remove			
6)ChangeAdd			
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
		NA	

Effective date <u>if applicable</u> :	SEPTEMBER TO MORE than 90 days after ame	27th 2023	
The date of each amendment(s) adoption: late this document was signed.		I <u>N</u>	, if other than the
			2023 OCT -5 PH 12: 40

document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)



There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Duted September 27th, 2023
Signature Coccope Maxelines
(By the charman or vice charman 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)
George Megaloudis (Typed or printed name of person signing)
President (Title of person signing)