## 722002

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

.

NAME OF CORPORATION	Sanibel Moorings Co	ondominium Associa	ation Inc		
72 DOCUMENT NUMBER: _	22002				
The enclosed Articles of American	ndment and fee are subr	nitted for filing.			
Picase return all corresponden	ce concerning this matte	er to the following:			
Kari A Cordisco					
·	- 10 -	(Name of Contact P	Person)		<del></del>
Sanibel Moorings Condomini	um Association Inc				
		(Firm/ Compan	ıy)		_
845 E Gulf Dr					
		(Address)			
Sanibel, FL 33957					
		(City/ State and Zip	Code)		
Kari@SanibelMoorings.com					יי
E-r	nail address: (to be used	for future annual re	port notification	)	
For further information concer	rning this matter, please	call:			
Kari Cordisco		а	239	898-1632	ت ت
1)	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fol	lowing amount made pa	yable to the Florida	Department of	State: -	
■ \$35 Filing Fee [	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

Name of Corporation as currently filed with the Flor	rida Dept, of St	nte)		
(Document N	Number of Corp	oration (if know	n)	
Pursuant to the provisions of section 617.1006, Florida Simendment(s) to its Articles of Incorporation:	Statutes, this Flo	rida Not For Pi	rofit Corporation adop	ts the following
A. If amending name, enter the new name of the corp	oration:			
				The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "i	ncorporated" o	r the abbreviation "Co.	rp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	<u>'ESS</u> )			
		<u>-</u>	·	<del></del>
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	)			
				• • • • • • • • • • • • • • • • • • • •
	<del></del>	<u> </u>		<del></del>
). If amending the registered agent and/or registered		in Florida, ent	er the name of the	
new registered agent and/or the new registered off	fice address:			
Name of New Registered Agent:		<del></del> .		
<u></u>		(Floride	street uddress)	
New Registered Office Address:		·		
			, Florida	17
	(City)	<u> </u>	(Zip Code	?)
Sew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		and accept the	obligations of the posit	ion.
	Signatura of	Now Pagistance	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 <math>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	ones	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>D</u>	Nadine Miller	845 E Gulf Dr Sanibel, FL 33957
Remove			
2) Change Add	<u>P</u>	James Fox	845E Gulf Dr Sanibel, FL 33957
X	Þ	Archibald Smith iii	845 E Gulf Dr Sanibel, FL 33957
4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
Remove			
E. If amending or additional she	ing additional Ar ects. if necessary).	ticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) add date this document was signed.	option:	, if other than the
Septer	mber 6, 2023	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ek does not meet the applicable statutory filing requirements, this date with partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s	)

	10/18/23
Dated	
Signa	
	(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)
	Archibald Smith III
	(Typed or printed name of person signing)

(Title of person signing)