## 723188

(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:
Wo money \$135.00
νγ 





600424620556

04/05/24--01003--0028 FR -5 1:17:27

Ē,

SECRETARY OF THE

RECEIVED

2824 APR -5 AM 9: 23



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\_\_$	artment Association	of Greater Orlando	, INC.	
723188				
DOCUMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·		·
The enclosed Articles of Amendme	nt and fee are submit	tted for filing.		
Please return all correspondence cor	ncerning this matter	to the following:		
Monica Ramsey				
	(1)	Name of Contact Per	son)	
Apartment Association of Greater C	Orlando, INC>			
		(Firm/ Company)		
340 N. Maitland ave				
		(Address)		
Maitland Fl. 32751				
	(C	City/ State and Zip C	ode)	
Monica@aago.org				
E-mail ac	ddress: (to be used fo	or future annual repo	ort notification	)
For further information concerning	his matter, please ca	ıll:		
Monica Ramsey		at	407	6440539 ext 2007
(Name	of Contact Person)	(	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the followin	g amount made paya	ible to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43. Cen	ificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Stre	et 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 of

Name of Corporation as currently filed with the Flor	ida Dept. of State)	2029/50 5 131 7: 2
		2028/100
(Document N	lumber of Corporation (if known)	1.17: 2
tursuant to the provisions of section 617.1006. Florida S mendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For Profit Co</i>	rporation adopts the following
. If amending name, enter the new name of the corp	poration:	
		The new
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorporated" or the ab	breviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ESS )	4. ABAUMA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If any adiabatic about a sistematic and to a register as	I office address in Florida, enter the	nume of the
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ol>	fice address:	name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ac	ldress)
New Negistered Office Address.		
	(City)	, Florida (Zip Code)
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: im familiar with and accept the obligat	ions of the position.
	Signature of New Registered 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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	Presidne	Kathleen Hensley	315 E Robinson #555 Orlando, Fl 32751
Remove			
2) Change Add			
Remove Change Add Remove		<u> </u>	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	

• •		
		<del></del>
		_ <b>_</b> _
	,	
	· · · · · · · · · · · · · · · · · · ·	
		<del></del> _
<del></del> ::		
		<del></del>
	<del></del>	<del></del>
The date of each amendment(s) adoption: date this document was signed.	:, if	other than the
Effective date if applicable:	no more than 90 days after amendment file date)	
17.	to more than 90 days after amenament file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be list of State's records.	sted as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

D	02/23/2024
(Si	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator—ix in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Monica Ramsey



March 15, 2024

MONICA RAMSEY 340 N. MAITLAND AVE MAITLAND, FL 32751

SUBJECT: APARTMENT ASSOCIATION OF GREATER ORLANDO. INC.

Ref. Number: 723188

We have received your document for APARTMENT ASSOCIATION OF GREATER ORLANDO, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Letter Number: 824A00005692

Anissa Butler Regulatory Specialist II

Check en closes