723480

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	sociation Incorporated		
723480 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Kenneth J. Nota			
	(Name of Contact Po	erson)	-
The Law Office of Kenneth J. Nota, PA			
	(Firm/ Company	()	
1990 Main Street. Suite 750			
	(Address)		
Sarasota, Florida 34236			
	(City/ State and Zip	Code)	
kennota@kennotalaw.com			
E-mail address: (to be	used for future annual re	ort notification	n)
For further information concerning this matter, pl	lease call:		
Kenneth J. Nota	at	401	206-9056
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	tus Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee feate of Status fed Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address nendment Sect	
Amendment Section Division of Corporations		nenament Sect vision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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Articles of Amendment to Articles of Incorporation of

St. Armands Association, Incorporated

(Name of Corporation as currently filed with the Flori	ida Dept. of State)	
723480		
(Document N	umber of Corporation (if known)	6. 4
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profi	t Corporation adopts the following
A. If amending name, enter the new name of the corp	oraț <u>ion:</u>	
N/A		The new
name must be distinguishable and contain the word "corp" (Company" or "Co." may not be used in the name.	poration" or "incorporated" or th	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	ESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		the name of the
N/A <u>Name of New Registered Agent:</u>		
N = 1 Burning and COS = 1 Advances	(Florida str	eet address)
New Registered Office Address:		
	(City)	, Florida
	Cuy7	(zap Couc)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		igations of the position.
	Signature of New Registered As	vent, 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add	<u>N/A</u>	-		
Remove				
2) Change Add		_		
Remove 3)		_		
4) Change Add		-		
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	
Article XI, Section 2 is an	mended in	n its entir	ety to read as follows:	
Section 2. In the event th	at this As	ssociation	is dissolved, all net assets shall be distributed	I to organizations which either
have qualified for exemp	tion unde	r Section	501(c)(3) of the Internal Revenue Code, or to	an organization engaged in
activities substantially sir	nilar to th	ne Corpor	ation and which would qualify for exemption	under Section 501(c)(4) of the
Internal Divignus Cada o	er to the f	Moral aco	marromant, the State of Elevide. The County of	Saracata, or the City of Saracata

hall be as determined by the Board of Directors.	
	· · · · · · · · · · · · · · · · · · ·
	
July 7 2022	
The date of each amendment(s) adoption: July 7, 2022 late this document was signed.	, if other than th
Effective date if applicable: July 7, 2022	
Effective date if applicable: (no more than 90 days after amendment file dat	(e)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated August 18, 2022
Ph. i. a. C.
Signature Washipha Joyh
(By the chairman or vice chairman of the board, president or other officer-if directo
have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)
that indiciary)
Christopher Goglia
(Typed or printed name of person signing)

(Title of person signing)