

738016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

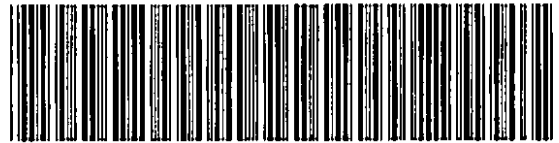
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800382670458

Amend

03/10/22--01008--019 **43.75

2022 MAR 10 PM 12 41

FILED

*00789,01092,00524,00671

MYERLEE ESQUIRE COURTS CONDO ASSOC INC
7073 Esquire Ct
Fort Myers, FL 33919

March 7, 2022

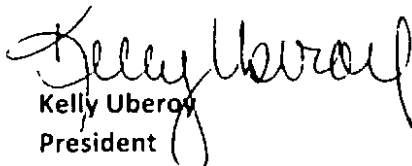
Division of Corporations
P O Box 6198
Tallahassee, FL 32314

To Whom It May Concern,

Please see the Documents enclosed. I have included a copy of the check submitted for our Annual Report which has cleared, but the Report is not showing on SunBiz. Please use the attached Documents to fulfill the requirement as well as record the Rules and Regulations. A separate check is enclosed for that.

Should you need any additional information, please reach out to me at kelly1964@hotmail.com.

Sincerely,


Kelly Uberoy
President
MECCA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Myerlee Esquire Court Condo Assoc Inc

DOCUMENT NUMBER: 738016

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Uberoy

(Name of Contact Person)

Myerlee Esquire Court Condo Assoc. Inc.

(Firm/ Company)

7079 Esquire Ct

(Address)

Ft Myers, FL 33919

(City/ State and Zip Code)

Kelly1964@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Uberoy

(Name of Contact Person)

at

239-810-5719

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|--|--|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2022

KELLY UBEROY
MYERLEE ESQUIRE COURTS CONDOMINIUM
7079 ESQUIRE CT
FT. MYERS, FL 33919 US

SUBJECT: MYERLEE ESQUIRE COURTS CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: 738016

We have received your document for MYERLEE ESQUIRE COURTS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The Dept of State does not file rules and regulations (or by-laws). Please retain them for your records. Please remove the words "see attached" in paragraph E.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 722A00007204

Articles of Amendment
to
Articles of Incorporation
of

Myerlee Esquivz Courts Condominium Association, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

738016

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add ____ Remove	VP	Glenn Greenblatt	7081 Cedarhurst Dr Ft Myers FL 33919
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add ____ Remove	S	Joyce Dardinski	7015 Cedarhurst Dr Ft Myers FL 33919
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add ____ Remove	B+G	Pat Ambrose	7082 Cedarhurst Dr Ft Myers FL 33919
4) ____ Change ____ Add ____ Remove	____	____	____
5) ____ Change ____ Add ____ Remove	____	____	____
6) ____ Change ____ Add ____ Remove	____	____	____

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: ~~January 1, 2021~~ March 20, 2021 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after 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 March 7, 2022

Signature Kelly Uberoy
(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)

Kelly Uberoy
(Typed or printed name of person signing)

President
(Title of person signing)