742327

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
,		
(2)	(0)-1-17: (0)(0)	
(Cit	ry/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	1
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Blackburn Shores Homeowners' Ass	\propto	_, 100
DOCUMENT NUMBER: 749327		_
The enclosed Articles of Amendment and fee are submitted for filling.		
Please return all correspondence concerning this matter to the following:		
Jessica Picoli (Name of Contact Person)		
Blackburn Shares Homeowners' Assec., Inc.		_
404 Waterside La. (Address)		
NoKomis, XL 34275 (City/ State and Zip Code)	19 406	SEURETA VISION O
E-mail address: (to be used for future annual report notification)	5 PH 2:	FILED TRY OF ST
For further information concerning this matter, please call: Jessica Picoli at 941-400-374-3	: 30	TATE ATIONS
(Name of Contact Person) at 94-400 (Daytime Telephone Numl	ber)	_
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building



July 11, 2019

JESSICA PIROLI 404 WATERSIDE LN NOKOMIS, FL 34275

SUBJECT: BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: 742327

We have received your document for BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following:

According to our records there was an amentment filed on June 10th so I don't have any extra money to file this amendment. I will need an additional \$35.00 to be able to file this amendment.

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: 419A00014051

Diane Cushing Senior Section Administrator

Articles of Amendment to Articles of Incorporation of

.:

Blackburn Shares Homeo (Name of Corporation as current	ly filed with the	Florida Dept. of	State)		_
742327					
(Document Number	er of Corporation	(if known)	·-		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida N</i>	ot For Profit Corp	poration adopts the	follov	ving
A. If amending name, enter the new name of the corporation	on:				
nla				_The	new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorp	orated" or the abb	previation "Corp."	or "In	ıc. "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		<u>a</u>			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ja		19 AUG	GINISIAI GRUSI
				5 PH 2	S de
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office agent	e address in Flo ddress:	orida, enter the n	ame of the	30	RATIONS
Name of New Registered Agent:		1/ac			
New Registered Office Address:		(Florida street ad	dress)		
	 .		, Florida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and a	accept the obligati	ons of the position.		
	ignature 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)

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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>V</u> <u>Mik</u>	Doe e Jones e Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	P	John Murse	413 Waterside Ln. Nokomis, 7L 34275
2) ChangeAdd	<u></u>	Edward J. Steinmet Z	1906 Waterside Ln. Nokomis, 71 34015
Remove 3) Change Add		Michael Calandra	103 Waterside Ln. Dokomis, 71 34275
	<u>S</u> _	Jessica Piroli	404 Waterside Ln. Dokomis, 41 34275
Remove Change Add Remove	0	Thomas Alico	410 Waterside Ln. Nokomis, 71 34275
6) Change Add Remove		D	
		Page 2 of 4	

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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	_Title	<u>Name</u>	Address
1) Change Add	P	Tom Fraser	421 Waterside La. Nokomis, JL 34275
Remove			
2) Change Add	S	John Christoffel	1901 Waterside LA ODKomis, YL 34275
Remove 3)ChangeAdd		Robert McAdoa	1903 Bayshare Or. Dokonis, YL 34895
Remove 4) Change Add	<u>O</u>	Kristin Robacts	409 Waterside Ln. Obkomis, ML 34075
Remove 5) Change Add	\bigcirc	Jane Stewart	417 Waterside Ln Mokomis, SL 340M
Remove 6) Change Add			

the debags if necessary.	(Be specific)
If amending or adding additional Arti attach additional sheets, if necessary).	
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	each amendment(s) a ument was signed.	doption:	NA		, if other than the
Effective da	te if applicable:	(no more than 90 d	ays after amendn	nent file date)	
Note: If the locument's e	date inserted in this blo ffective date on the De	ock does not meet the applepartment of State's record	icable statutory fi s.	ling requirements, this date wil	l not be listed as the
Adoption of	Amendment(s)	(CHECK ONE)			
The amo	endment(s) was/were a re sufficient for approve	dopted by the members and	d the number of v	rotes cast for the amendment(s)	
	re no members or mem by the board of direct		amendment(s).	The amendment(s) was/were	
	Dated	27-19			
	Signature(By the chair	Zan or vice chairman of the	he hoard preside	nt or other officer-if directors	
	have not be	en selected, by an incorpor appointed fiduciary by tha	rator - if in the ha	ands of a receiver, trustee, or	
		Jessica (Typed or p	printed name of p	erson signing)	
		Secreta	(Title of person s	signing)	