## 744184

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Stamfor LACRES Property Owners Association, Inc. DOCUMENT NUMBER: 744184 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) 5379 N Sierra Vista Dr (Address)

Crystal River, Fl 34438

(City/ State and Zip Code) ruthedwardsrealtor@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ruth Edwards Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) 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, Ft. 32303

## Articles of Amendment

to Articles of Incorporation

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Articles of Incorporation
Shamrock Acres Property Dwners Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)
744184
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The ne 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: NUH ZOLVACOS  5379 N STEVEN LISTA DC  (Florida street address)
New Registered Office Address:  Oustablive Florida 34438 (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

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 I           V         Mike .           SV         Sally !	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	工力	hawrence H. Worley Sr	5182 N Andri Dr
<u></u> Remove			anstar River, F134428
2) Change Add	<u>T-D</u>	Ruth Edwards	5379 NSierra Vista Dr
Remove Change Add Remove	V-D	David Gardie	Crystal River F134438 9355 Facklills Ln Orystal River F134438
4) Change Add	V-D	Bull Edwards	See above
X Remove			<del></del>
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	

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he date of each amondment(s) adoption.	ie a a a
he date of each amendment(s) adoption:	, if other than the
ite this document was signed.	
Tective date if applicable: NOVEMBEK   2020 (no more than 90 days after amendment file date)	
Tective date if applicable: NOVEMBEK / 2020	<del> </del>
(no more than 90 days after amendment file date)	

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.

option 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 12/12/2020 Signature As liet Of DeB wok
(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, trustec, or other court appointed fiduciary by that fiduciary)
JULIET A. DEBUSK (Typed or printed name of person signing)
PRESIDENT (Title of person signing)