## 753473

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 10 RTH 1400D	ASSOCIATION, INC
DOCUMENT NUMBER: 753473	****
The enclosed Articles of Amendment and fee are submitted	d for filing.
Please return all correspondence concerning this matter to t	
CARMELA M. PEDICINI	
(Nan	ne of Contact Person)
	(Firm/ Company)
4658 NORTHWOOD TERRACE	
	(Address)
SAIZASOTA, FL 34234	
(City	/ State and Zip Code)
Camela PasserinemusI	ulure annual report notification)
For further information concerning this matter, please call:	
CARMELA M. PEDICINI	at 941- 228-7303
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
Certificate of Status Ce (A	3.75 Filing Fee & Status  rtified Copy Certificate of Status  dditional copy is Certified Copy  closed) (Additional Copy is  Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations

P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to

Articles of Incorporation of

	of .		
NORTHWOOD ASSOCIATION I	NC		
(Name of Corporation as currently filed with the Florida I)	ept. of State)		
753473			
(Document Number	er of Corporation (if I	known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	for Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporati	on:		
			The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporate	ed" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			13.
			ست
			- :3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			, <del>C</del>
			: നാ
		· · · · · · · · · · · · · · · · · · ·	- 8;
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		a, enter the name of the	
	MELA M. P		
	_ 1	_	
_ 465	8 NORTHLYD	OD & PACE Florida street address)	
New Registered Office Address:			
_SA	RASOTA	, Florida <u>FL</u>	34234
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: niliar with and accep	ot the obligations of the position.	
		stered Agent, if changing	
Sil	inature of New Regis	stered 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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	_5_	YVETTE HANNOH	2842 NORTHWOOD GIR SARASOTA, FL 34234
Remove  2) Change Add	S	TAMMY SMETH	2815 NORTHWOOD GER SARASOTA, FL 34234
Remove 3) Change Add	1	JOHN HENRY GODDARD SR.	4670 NORTHWOOD TERRACE SARASOTA, EL 34234
Remove 4) Change Add	1	JAMES MAST	2827 NORTHWOOD CIR SARASOTA, FL 34234
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change Add			
Remove			·
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

, , , , , , , , , , , , , , , , , , , ,		
The date of each amendment(s) adoption date this document was signed.	n:, if other th	nan the
Effective date if applicable:		
(	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departme	s not meet the applicable statutory filing requirements, this date will not be listed as an of State's records.	the
	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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 November 9, 2020
Signature (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)
CARMELA M. PEDICTHI
(Typed or printed name of person signing)
(Title of person signing)