## NOC 000007357

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	MEOWNERS ASSOCIATION INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to	ne following:
STEPHANIE PADLY-JULIEN, ESQ.	
(Nar	ne of Contact Person)
PADLY LAW PA	
	Firm/ Company)
1415 PANTHER LANE SUITE 394	
	(Address)
NAPLES, FLORIDA 34109	
(City	State and Zip Code)
SPADLY@239LAWYER.COM	
E-mail address: (to be used for t	nture annual report notification)
For further information concerning this matter, please call:	
STEPHANIE PADLY-JULIEN, ESQ.	239 963-6043 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
(A	8.75 Filing Fee & S52.50 Filing Fee rtified Copy Certificate of Status dditional copy is Closed) (Additional Copy is Enclosed)
Mailing Address  Amendment Section  Division of Corporations	Street Address  Amendment Section  Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

DA VINCI ESTATES HOMEOWNERS' ASSOCIATION INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N00000007357		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adop	ts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Co	orp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	RESS )	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	70.
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or register		
new registered agent and/or the new registered of	office address:	ř
Name of New Registered Agent:		Pii 4: 05
_	(Florida street address)	
New Registered Office Address:	(r Iorida street adaress)	
	(City) (Zip Cod	le)
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the posi	tion.
	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 Do           V         Mike Jo           SV         Sally Sn	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change Add	PTD	WALTER HALANDER	4001 Santa Barbara Blvd.#174 Naples, Florida 34104	
x Remove				
2) <u>x</u> Change Add	<u>PT1)</u>		4001 Santa Barbara Blvd.#174 Naples, Florida 34104	
Remove 3 ) Change	SD	ROBERT RUST	4001 Santa Barbara Blvd #174 Naples, Florida 34104	
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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The date of each amendment	(s) adoption:		if other than the
date this document was signed.		——————————————————————————————————————	
Effective date if applicable:	8/20/2020		
Effective date in applicable.		no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
	"	to more than 90 days after amenament file date)	
Note: If the date inserted in the document's effective date on the		not meet the applicable statutory filing requirements, this date will not be it of State's records.	listed as the
Adoption of Amendment(s)	(	CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted b proval.	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 8/20/2020			
(By the chairman or vice chairman of the board, president or other officer-if direc have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)				
	FRANK ERACE			
	(Typed or printed name of person signing)			
	VD			
	(Title of person signing)			