N01000001216e

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'JAN 15 S. PRATHER Please return all correspondence concerning this matter to the following: Robert Whitlach (Name of Contact Person) Avonlea Commerce Center Owners Association, Inc. (Firm/ Company) 429 NE Baker Rd (Address) Stuart, FL 34994 (City/ State and Zip Code) rwhitlach@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 665-1065 561 Robert Whitlach (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

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

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Avonlea Commerce Center Owners Association, Inc. N:		
N01 DOCUMENT NUMBER:	000001216		

Articles of Amendment to Articles of Incorporation of

Avonlea Commerce Center Owners Association Inc.

(Name of Corporation as currently filed with the	Florida Dept. of State)	
N01000001216		
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
NA		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applica	429 NE Baker Ro	1
(Principal office address MUST BE A STREET A	DDRESS Stuart, FL 34994	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) 429 NE Baker Ro	1
· -	Stuart, F1. 34994	
D. If amending the registered agent and/or regis		ida, enter the name of the
new registered agent and/or the new register	Robert Whitlach	
Name of New Registered Agent:		
	3472 NE Savannah Rd	
New Registered Office Address:		(Florida street address)
	Jensen Beadch	, Florida 34957
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered agen.		ept the obligations of the position.
_	Signature of New Re	gistered 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 Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	Frank Mezzapelle	413 NE Baker Rd Swart, FL 34994
X Remove			
2) Change Add	<u>V</u>	Debra Rogers	435 NE Baker Rd Stuart, FL 34994
X Remove Remove	<u>T</u>	Scott Tyner	2657 NW South Shore Rd Stuart, FL 34994
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			****
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		174_=-	

The date of each amendment(s) adoption:
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 11/25/2024
Signature Met W. Mille
(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)
Robert W. Wh. Hach
(Typed or printed name of person signing)
President

(Title of person signing)