## NOI 000000 2518

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C. BRUMBLEY

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: NORTH S	HORE LANDIN	of Hor	MEONNE	k's Associas
	BER: NO 10004			·	· -
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
		Name of Contact Person  Firm/ Company  SHOKE DK  Address  City/ State and Zip Code  3ELLS'orth  sed for future annual report	HOA NE 3701 NET	SECRETARY TALLAHAS	PH 1:38  OF STATE SSEE, FL
HIUP	n concerning this matter, please  COOK		aic	) 877.	2
· ·	of Contact Person	at ( Area Co	de & Daytin	ne Telephone Nu	ımber
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of S	tate:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifie	ate of Status d Copy onal Copy	
Ame Divi P.O.	ding Address endment Section ision of Corporations . Box 6327 ahassee, F1, 32314	Amend Divisio The Co	Address linent Section on of Corpor entre of Ta N. Monroe	ations	0

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

## Name of Corporation as currently filed with the Florida Dept. of State)

NO100002518
(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: (Florida street address) New Registered Office Address: (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 Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Add	TREASURENL	CHARGE HUNT	1915 5th St N ST PETENSBURK, FL 33704
Remove  2) X Change Add	DIRECTOR	PHILIP COOK	914 NORTH SHORE DR NE ST PETENSBURG, FL
Remove 3) Change Add	DIRECTOR	KRISTIN TOI	33701 GIG NORTH SHOTEDR NE ST PETENSBURG, FL 133701
Remove 4) Change Add	DIRECTOR	CARL MARTIN	33 COLLEGE CT LARKSPUR, CA 94939
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending of (attach addition		icles, enter change(s) here: (Be specific)	

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		···
The date of each amendment(s) adopt date this document was signed.	tion: 12-22-21	, if other than the
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of	does not meet the applicable statutory filing requirements,	this date will not be listed as the
document's effective date on the Depart	tment of State's records.	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated /- 22 - 22	
(By the chairman or vice chairman of the board, president or other officer-if d have not been selected, by an incorporator – if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
PHILIP COOK	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	