N02442

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ONDOMINIUM ASSC	OCIATION,	INC.
N02442 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		·
ANGELA SILVAROLI			
	(Name of Contact Pers	son)	
LITTLE COURT CONDOMINIUM ASSOCIATIO	N, INC		
	(Firm/ Company)		
C/O 5830 LITTLESTONE COURT			
	(Address)		
NORTH FORT MYERS, FL 33903-4923			
	(City/ State and Zip Co	ode)	
littlecourtcondo@gmail.com			
E-mail address: (to be used	for future annual repor	rt notificatio	n)
For further information concerning this matter, please	call:		
ANGELA SILVAROLI	6 at	313	889-6946
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida De	partment of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amer Divis	et Address ndment Sect sion of Corpo on Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LITTLE COURT CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation	as current	ly filed with the Florida	Dept. of State)	
N02442				
(Docum	ment Numbe	er of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statute:	s, this <i>Florida Not For Pr</i>	ofit Corporation a	dopts the following
A. If amending name, enter the new name of th	e corporati	on:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" o	r the abhreviation	"Corp." or "Inc."
B. Enter new principal office address, if applica	able:	5830 LITTLESTONE C	т	
(Principal office address MUST BE A STREET A	ADD DECEN	NORTH FORT MYERS	S, FL	
		33903-4923		A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	5830 LITTLESTONE C	T .	
		NORTH FORT MYERS	S, FL	
		33903-4923		
D. If amending the registered agent and/or regi			er the name of the	Vally Vally Vally
new registered agent and/or the new register	red office ac	ddress:		
Name of New Registered Agent:	RICHARD	O CRISH		
	5838 LITT	TLESTONE CT		
No. D. Land 1000 and 1		(Florida	i street address)	<u>_</u>
New Registered Office Address:		ORT MYERS		FL
	-	(City)	, Florida (Zip (
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			obligations of the p	oosition.
-	Sis	gnature of New Registerea		?

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:

 $P = President; V = Vice President; T \neq Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	STD	TRIPPLETT, REGINA	4165 YARMOUTH COURT
Add			NORTH FORT MYERS, FL
X Remove			33903
2) Change	STD	SILVAROLI, ANGELA	5828 LITTLESTONE CT
X Add			NORTH FORT MYERS, FL
			33903
3) Change	S	PEGG, ANGELA	5820 LITTLESTONE CT
Add			NORTH FORT MYERS, FL
X Remove			33903
4) Change	V	GREENWELL, KEVIN	5848 LITTLESTONE CT
X Add			NORTH FORT MYERS, FL
Remove			33903
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional (attach additional sheets, if necessar	v). (Be specific)			
	11	A		
·	14	K		
				
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<u></u> .				
<u>.</u>	-		-	<u> </u>
				
		·		
				

The date of each amendment(s) ac date this document was signed.	doption:, if other
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE) WA
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
	bers entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of director	ors.
Dated /U/	720 2010
	Lud Cinh
Signature (By the chair	rman or vice chairman of the board, president or other officer-if directors
Signature (By the chair have not be	en selected, by an incorporator - if in the hands of a receiver, trustee, or
Signature (By the chair have not be	
Signature (By the chair have not be	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Signature (By the chair have not be	en selected, by an incorporator - if in the hands of a receiver, trustee, or