## N03000001948

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## **COVER LETTER**

TO: Amendment Section Division of Corporations . LA VIDA OF CAPE CORALHOMEOWNERS ASSOCIATION, INC NAME OF CORPORATION: N03000001948 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOEL LALONDE (Name of Contact Person) LA VIDA OF CAPE CORAL HOMEOWNERS ASSOCIATION (Firm/ Company) 3933 LA VIDA WAY (Address) CAPE CORAL, FL 33993 (City/ State and Zip Code) lalonde@ix.netcom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joel La Londe 282-1301 (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

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

(Additional copy is

enclosed)

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

Certified Copy

Enclosed)

(Additional Copy is

## Articles of Amendment to Articles of Incorporation of

La Vida of Cape Coral Home Owners Association, inc (Name of Corporation as currently filed with the Florida Dept. of State) N3000001948 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

, Florida

(Zip Code)

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	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) <u>*</u> Change Add	<u>P</u> .	Joel LaLonde	3933 La Vida Way Cape Coral, Fl 33993
Remove 2) Change × Add	<u>T</u>	Heather Causer	128 SE 5th St Cape Coral FL 33990
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove  5) Change Add			
Remove 6) Change Add			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adopt date this document was signed.	ion:			, if other that	an the
Effective date if applicable:					
	(no more than 90 d	lays after amendmer	n file date)		
Note: If the date inserted in this block d document's effective date on the Department.	oes not meet the appiment of State's record	licable statutory filir ds.	ng requirements, this	s date will not be listed as the	he

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)

]	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
	07/14/2020 Dated
	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)
	Joel LaLonde
	(Typed or printed name of person signing)
	President
	(Title of person signing)