

N030000002315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

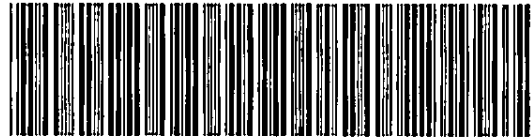
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SECRETARY OF CORPORATION  
2022 SEP -2 AM 11:57

J DENNIS

DEC 13 2022



# LAW OFFICES OF JOHN L. DI MASI, P.A.

John L. Di Masi, Esquire  
Patrick J. Burton, Esquire  
Brian S. Hess, Esquire  
Eryn McConnell, Esquire  
Alicia S. Perez, Esquire  
Toby Snively, Esquire  
Eileen Martinez, Esquire

***The Right Relationship Is Everything!***

**Eileen Martinez, Esq.**

801 N. Orange Avenue, Suite 500  
Orlando, Florida 32801-1014  
PH: 407-839-3383 • FX: 407-839-3384

August 30, 2022

**Delivered Via U.S. Mail**

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

Re: Amendment of Articles-New Registered Agent

To Whom It May Concern,

This law firm serves as legal counsel to the Landings at Belle Rive Condominium Association (the "Association"). Enclosed please find the form Articles of Amendment to amend the registered agent for the Association. Also enclosed please find a check in the amount of thirty-five dollars (\$35.00) made payable to the Florida Department of State.

We thank you in advance for your assistance with this matter. If you require anything further for purposes of processing this request, please do not hesitate to contact me.

Sincerely,

/s/ Eileen Martinez

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Landings at Belle Rive Condominium Association, Inc.

DOCUMENT NUMBER: N03000002315

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

Please return all correspondence concerning this matter to the following:

Alan Ramsay  
(Name of Contact Person)

KW Property Management & Consulting  
(Firm/ Company)

5401 South Kirkman Road, Suite 310  
(Address)

Orlando, Florida 32819  
(City/ State and Zip Code)

aramsay@kwpme.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Ramsay at 407 203-7758  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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

**Street Address**  
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

The Landings at Belle Rive Condominium Association, Inc.

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

N03000002315

(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:

N/A

The new

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

Law Offices of John L. Di Masi, PA

801 N. Orange Ave. Suite 500

(Florida street address)

New Registered Office Address:

Orlando

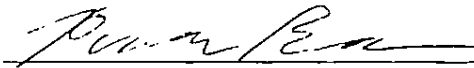
(City)

Florida 32801

(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.

 is Law Offices  
or John L. Di Masi, P.A.  
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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>N/A</u>	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>N/A</u>	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>N/A</u>	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>N/A</u>	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>N/A</u>	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>N/A</u>	_____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

N/A

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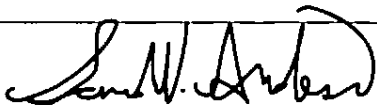


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☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ 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 7/26/2022

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)

Sandra V. Anderson

(Typed or printed name of person signing)

President

(Title of person signing)