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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		AT LAGUNA LAKES			
DOCUMENT NUMBER: _					
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	nce concerning this matt	er to the following:			
SCARLETT MILANO					
		(Name of Contact Pe	rson)		·
COMPASS ROSE MANAC	BEMENT				
		(Firm/ Company)		
1010 NE 9TH ST SUITE A					
		(Address)			
CAPE CORAL FL 33909					
		(City/ State and Zip (Code)		
PBINFO@CRMFL.COM					5603 SEL -0
E	-mail address: (to be used	for future annual rep	ort notification	1)	
For further information conc	erning this matter, please	e call:			
		ai			
	(Name of Contact Persor	1)	(Area Code)	(Daytime Telephone	e Number)
Enclosed is a check for the f	ollowing amount made p				,,,
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi S Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

PEBBLE BEACH AT LAGUNA LAKES ASSOCIATION, INC.

(Document	Number of Corpora	tion (if known)	
cursuant to the provisions of section 617.1006. Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florid	a Not For Profit Corporation ado	ppts the following
. If amending name, enter the new name of the co-	rporation:		
			The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "ince	orporated" or the abbreviation "C	Corp." or "Inc."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>			
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>v</u>)		,
If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the name of the	
***	mice audress.		-
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
New Registered Office Address.			1-
	(City)	, Florida, Florida	(le)
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent:		,
	Signature of Ne	w 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 Sr	me <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	<u>P</u>	RICH DUFFY	1010 NE 9TH ST SUITE A CAPE CORAL FL 33909
Remove 2) × Change Add	<u>D</u>	DENNIS EARLY	1010 NE 9TH ST SUITE A CAPE CORAL FL 33909
Remove 3) Change Add Remove			55.85
4) Change Add			
Remove 5) Change Add			17.75
Remove 6) Change Add			
E. If amending or addin (attach additional sheet		eles, enter change(s) here: (Be specific)	

		
		
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		(4)
The date of each amendment(s) adop date this document was signed.	otion:	, if other than the
Effective date <u>if applicable</u> :		
and it applicable.	(no more than 90 days after amendment file date)	
	does not meet the applicable statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	

	09/01/2023
D	ated
Si	gnature
	(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)
	TOSH TRICAS

(Title of person signing)

PRESIDENT