N0400008603

(Requestor's Name)
(Address)
(Address)
(133,333)
(O) (O) (O)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000434921230

08/19/24--01017--011 **35.00

PILE D



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	River Estates Community A	Association, Inc.	
DOCUMENT NUMBER:	<u>-</u>		
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning t	his matter to the following:		
S. Kyla Thomson, Esq.			
	(Name of Contact	Person)	
Varnum LLP			
	(Firm/ Compa	ny)	
4501 Tamiami Trail N., Suite 350	,		
	(Address)		-
Naples, FL 34103			
	(City/ State and Zi	p Code)	-
skthomson@varnumlaw.com			
E-mail address: (to	be used for future annual r	eport notification	on)
For further information concerning this matter	r, please call:		
S. Kyla Thomson		239 at	373-8027
(Name of Contac	t Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florid	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & S43.75 Filing Fe Status Certified Copy (Additional copy enclosed)	Certii / is Certii (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā 0	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 Moody River Estates Community Association	i, Inc.	FILE
(Name of Corporation as currently filed with the	e Florida Dept. of State)	, red
N04000008603		2024 AUG 19 PM
(Docum	nent Number of Corporation (if known)	2024 AUG 19 PH 3: 59
(Docum Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Proj	in Corporation Attagge STATE
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name	t "corporation" or "incorporated" or t <u>e</u> .	ne appreviation Corp. or inc.
B. Enter new principal office address, if applica	ible;	
(Principal office address MUST BE A STREET A	(DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
(a		
D. If amending the registered agent and/or regi		the name of the
new registered agent and/or the new register	S. Kyla Thomson	
Name of New Registered Agent:		
	4501 Tamiami Trail N. Suite 350	treet address)
New Registered Office Address:		(reet audress)
	Naples	, Florida 34103
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered ager	nt. I am familiar with and accept the of	bligations of the position.
	WyVa	
-	Signature of New Registered 2	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	ne <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) _ <u>×</u> Change Add	Treasurer	Neil Briggs	3050 MOODY RIVER BLVD. NORTH FORT MYERS, FL 33903
Remove			
2) _x Change Add	Director	MaryAnn Trimarco	3050 MOODY RIVER BLVD. NORTH FORT MYERS, FL 33903
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Arti ets, if necessary).	cles, enter change(s) here: (Be specific)	
	_		

	
	<u></u>
	
	
	<u></u> .
	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

X	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 5/15/2021
	Signature Manual Manual
	(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)
	Shaww T. Wrack
	(Typed or printed name of person signing)
	Presiment
	(Title of person signing)