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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NORTH LAK	E MEADOWS PROPI	ERTY OWNERS	ASSOCIATION, INC
N04279 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	s matter to the following	g:	
Matthew Scott Donelick			
	(Name of Conta	ct Person)	
NORTH LAKE MEADOWS PROPERTY OW	NERS ASSOCIATIO	N, INC	
1443-1411	(Firm/ Com	pany)	
7228 Newfield Drive			
	(Addres	s)	
Tallahassee, F1, 32303			
	(City/ State and	Zip Code)	
northlakemeadowshoa@gmail.com			
E-mail address: (to l	oe used for future annua	l report notification	on)
For further information concerning this matter,	please call:		
Matthew Scott Donelick		352 at	989-1102
(Name of Contact	Person)		(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Flor	rida Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$		y Certi opy is Certi (Add	50 Filing Fee ificate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	ocrations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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NORTH LAKE MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florid	da Dept. of State)		
N04279			
(Document Nu	ımber of Corporation	(ifknown)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	ot For Profit Corporation adopts the fol	llowing
A. If amending name, enter the new name of the corpo	oration:		
N/A		71	he new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpo		
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRE	<u>(35</u>)		3
		.	:
			.) \)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	•	` 1
(mailing address MAT BE A FOST OFFICE BOX)			``
		i	?
			ഗ
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		rida, enter the name of the	
Ν/Δ	ce address.		
Name of New Registered Agent:	-		 -
New Registered Office Address:		(Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered <mark>Agent:</mark> In familiar with and ac	ccept the obligations of the position.	
	Signature of New R	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	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u>v</u>	Nicole Arntz	7198 Newfield Dr Tallahassee, FL 32303
× Remove			
2) X Change Add	PV	Matthew Scott Donelick	7228 Newfield Dr Tallahassee, FL 32303
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	-		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts. if necessary).	cles, enter change(s) here: (Re specific)	
N/A			
			

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V-C	
The date of each amendment(s) adoption: 08/02/2024 date this document was signed.	, if other than the
Effective date if applicable: N/A (no more than 90 days after	
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	autory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the nur was/were sufficient for approval.	nber of votes east for the amendment(s)

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
08/02/2024 Dated
Signature Mottle Scott Dona like (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)
Matthew Scott Donelick
(Typed or printed name of person signing)
President
(Title of person signing)