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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| Newburn Village Com | munity Association | | | | |
|--|-----------------------|--|--|--------------|-------------|
| N05000000698 DOCUMENT NUMBER: | _ | | | | |
| The enclosed Articles of Amendment and fee are submi | tted for filing. | | | | |
| Please return all correspondence concerning this matter | to the following: | | | | |
| MITCHELL FRIED | | | | | |
| () | Name of Contact Per | rson) | | | |
| NEWBURN VILLAGE COMMUNITY ASSOCIATIO |)N | | | | |
| | (Firm/ Company) | <u> </u> | | | |
| | | | | | |
| | (Address) | | | | |
| 5317 FRUITVILLE RD BOX 137 | | | | | |
| (0 | City/ State and Zip C | lode) | | | |
| SARASOTA FL 34232 | | | | | |
| E-mail address: (to be used for | or future annual repo | ort notification |) | | |
| For further information concerning this matter, please ea | all: | | | | |
| KEVIN MILNER | at | 941 | 5393287 | | |
| (Name of Contact Person) | | (Area Code) | (Daytime Telephon | e Number) | ~2 |
| Enclosed is a check for the following amount made pays | able to the Florida D | epartment of S | State: | - <u>C</u> : | 2023 AUG |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status | | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) | | 314 11 8:10 |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Am Div The | eet Address endment Sectionsion of Corpo e Centre of Ta 5 N. Monroe | rations | L LI | 0 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| | NEWBURN VILL | AGE COMMUNITY | ASSOCIATION |
|--|--------------|---------------|-------------|
|--|--------------|---------------|-------------|

| (Name of Corporation as currently filed with the Florida I | Dept. of State) | | | | |
|---|--|---------------------------------|--|--|--|
| (Document Numb | er of Corporation (if known) | | | | |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this Florida Not For Profit Corporat | ion adopts the following | | | |
| A. If amending name, enter the new name of the corporat | ion: | | | | |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "incorporated" or the abbrevia | The new ation "Corp." or "Inc." | | | |
| B. Enter new principal office address, if applicable: | 5317 FRUITVILLE RD | | | | |
| (Principal office address MUST BE A STREET ADDRESS | S) _{BOX 137} | | | | |
| | SARASOTA .FL 34232 | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 5317 FRUITVILLE RD BOX 137 | | | | |
| | SARASOTA FL 34232 | | | | |
| D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a <u>Name of New Registered Agent</u> : | ce address in Florida, enter the name oddress: | of the | | | |
| New Registered Office Address: | (Florida street address) | 2112 | | | |
| | | lorida | | | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | Agent: | . . | | | |
| | ignature of New Registered Agent, if cha | nging | | | |

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 | <u>V</u> <u>Mike</u> | LDoe e Jones e Smith | |
|-----------------------------------|----------------------|---|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | <u>VP</u> | MITCHELL FRIED | 5429 UNIVERSITY BLVD. BOX SARASOTA FL 34201 |
| Remove 2) Change Add | | REBECCA POKE (REMOVE) | PO Box 21058 Sarasota, FL 34276 |
| X Remove | PRES. | KEVIN MILNER | 5317 FRUITVILLE RD BOX 137 SARASOTA,FL 34232 |
| 4) × Change Add | TREAS | SHARI HARVEY | 5317 FRUITVILLE RD BOX 137 |
| Remove | | | SARASOTA .FL 34232 |
| 5) Change Add | | | 202 |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | - <u> </u> |
| | | Articles, enter change(s) here:). (Be specific) | VIE . |
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| | | | | | • | 2023 AUS 14 | |
| The date of each amendment(s) adoption: | 2/25/2023 | | | | | المنتجالين الأ | an that |
| late this document was signed. | | | - | . | | in other | ian ine : |
| 2/25/2022 | | | | | | if others | |
| Effective date <u>if applicable</u> : 2/25/2023 | | | | | | | |
| (n | o more than 90 c | lays after amen | dment file date | e) | | m | . —— |
| | | | | | | | |

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

| 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 02/25/2023 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) | | | | |
| MITCHELL FRIED | | | | |
| (Typed or printed name of person signing) | | | | |
| V.P. | | | | |

(Title of person signing)

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