

N05000001499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

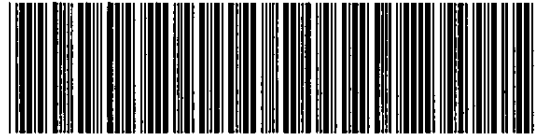
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/11/08--01035--024 **43.75

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08 SEP 11 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amber
x 9/11/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fullenkamp Sumter Subdivision Maintenance Association, Inc.

DOCUMENT NUMBER: N05000001499

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

Please return all correspondence concerning this matter to the following:

W. Todd Menke

(Name of Contact Person)

(Firm/ Company)

1515 Ringling Blvd., Suite 890

(Address)

Sarasota, FL 34236

(City/ State and Zip Code)

For further information concerning this matter, please call:

W. Todd Menke

(Name of Contact Person)

at (941)

364-9285

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Fullenkamp Summer Subdivision Maintenance Association, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

N05000001499

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Delete officer / Director : W. Todd Menke

FILED
SEP 11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

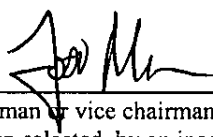
The date of adoption of the amendment(s) was: 8/29/08

Effective date if applicable: 8/29/08
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

W. Todd Menke
(Typed or printed name of person signing)

Officer / Director
(Title of person signing)

FILING FEE: \$35