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## <u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ES LAKESIDE VILLAGE	HOMEOWNE	ERS ASSOCIATION, INC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee :	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Alex Garland Jr- Registered Agent			
	(Name of Contact I	erson)	<del></del>
	(12) (C)		
	(Firm/ Compan	ıy)	
710 11th ST SW			
	(Address)		
Naples, FL 34117			
	(City/ State and Zip	Code)	
Kristina@garlandmarine.com			
E-mail address: (to	be used for future annual re	port notificatio	n)
for further information concerning this matter,	please call:		
Kristina Garland		239 t	641-7187
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Inclosed is a check for the following amount n	nade payable to the Florida	Department of	State:
□ \$35 Filing Fee □\$43.75 Filing F Certificate of S		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sect ivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

EVERGLADES LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

EARKOTMINES TWESTINE AIRTWORTHOWING	ASSOCIATION, INC.	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N05000009253		
(Document N	Sumber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	statutes, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corp	<u>poration:</u>	
n/a	The new	
name must be distinguishable and contain the word "corp" "Company" or "Co," may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	Alex Garland Jr- Registered Agent	
(Principal office address MUST BE A STREET ADDRI	ESS) 710 Hth ST SW	
	Naples, FL 34117	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Alex Garland Jr -Registered Agent	
	710 11th St SW	
	Naples, FL 34117	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		
Name of New Registered Agent: Alex	: Garland Jr	
	710 11th ST SW	
New Registered Office Address:	(Florida street address)	
Napl	les 34117 , Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ered Agent: un familiar with and accept the obligations of the position.	
	2 Colop	
	Signature of New 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.

<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Р	Scott J.Gerald	360 Freesia St Everglades City, FL 34139
<u>v</u>	Alex Garland JR	710 11th ST SW Naples, FL 34117
<u>T/S</u>	William I Roth	6301 Graycliff Dr. #B Boca Raton, Fl. 33496
PDS	Flarold McCluskey FJR.	2315 Old Chapman St Greensboro, NC 27403
D	Gary W. McCluskey	2315 Old Chapman St Greensboro, NC 27403
VDT	Bonnie M. McCluskey	2315 Old Chapman St Greensboro, NC 27403
	Title  P  T/S  PDS  D  VDT	P Scott J.Gerald  V Alex Garland JR  T/S William I Roth  PDS Flarold McCluskey FJR.  D Gary W. McCluskey

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	2/4/	
The date of each amendment(s) adoption:date this document was signed.	3/14/2020	, if other than the
Effective date if applicable:	n 90 days after amendment file date)	
(no more tha	n 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the document's effective date on the Department of State's	ne applicable statutory filing requirements, the records.	is date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). 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)
(Typed or printed name of person signing)
(Title of person signing)