

NO 6 00003360

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : FORSYTH & BRUGGER, P.A.
Account Number : I20040000147
Phone : (239)263-6000
Fax Number : (239)263-6757

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: **JBRUGGER@FORSYTHBRUGER.COM**

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SEC. OF STATE
TALLAHASSEE, FL

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LEMON TREE INN CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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H23000291820 3COVER LETTERTO: Amendment Section
Division of CorporationsNAME OF CORPORATION: LEMON TREE INN CONDOMINIUM ASSOCIATION, INCDOCUMENT NUMBER: N06000003360The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN N. BRUGGER

(Name of Contact Person)

FORSYTH & BRUGGER P.A.

(Firm/ Company)

600 5TH AVENUE SOUTH SUITE 207

(Address)

NAPLES, FL 34102

(City/ State and Zip Code)

jbrugger@forsythbrugger.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN N. BRUGGER239263-6000

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 32314Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**H23000291820 3**

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Articles of Amendment
to
Articles of Incorporation
of

LEMON TREE INN CONDOMINIUM ASSOCIATION, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000003360

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: FORSYTH & BRUGGER P.A.

600 5TH AVENUE SOUTH STE 207

(Florida street address)

New Registered Office Address:

NAPLES

(City)

Florida 34102

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	PD	SID KALMANS	250 NINTH STREET SOUTH NAPLES, FL 34102
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	VPD	RONALD FREEDMAN	250 NINTH STREET SOUTH NAPLES, FL 34102
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	TD	DEBBIE FREEDMAN	250 NINTH STREET SOUTH NAPLES, FL 34102
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	PD	RYAN YOUMANS	850 CENTRAL AVE NAPLES, FL 34102
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: August 11th, 2023, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: 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.

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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.

Dated

8/22/2023

Signature

SIO Kalmers

(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)

SIO Kalmers

(Typed or printed name of person signing)

Treasury Director

(Title of person signing)

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TALLAHASSEE, FL

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