## N08000003956

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 1616 RIVER	ROAD, A RIVER FRON	T CONDO	MINIU	JM ASSOCIATION, INC.	
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning the	nis matter to the following:				
Carol Lynch					
	(Name of Contact	Person)			_
MountainStar Capital Partners, Inc.					
	(Firm/ Compa	ıny)			_
5000 Sawgraw Village Circle, Suite 3					
	(Address)				
Ponte Vedra Beach, FL 32082					
	(City/ State and Zi	p Code)			
clynch@mtnstarcap.com					
E-mail address: (to	be used for future annual	report noti	fication	)	_
For further information concerning this matter	r, please call:				
Carol Lynch		904 at		834-2202	
(Name of Contact				(Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the Florid	a Departn	nent of S	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of			Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section	·	Street Ado Amendine		งก	

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

1616 RIVER ROAD, A RIVER FRONT CONDOMINIUM ASSOCIATION, INC.

Name of Corporation as currently filed with the Florid	la Dept. of State)	
N08000003956		
(Document Nu	mber of Corporation (if known	own)
Pursuant to the provisions of section 617,1006. Florida Sta amendment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	eration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS</u> )	• ,
		3
		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		γ. <del>-</del>
(Muning uniness <u>Marie Marie Con</u>		
	<u></u> .	
	re	ontow the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	ce address:	enter the name of the
	<del></del>	
Name of New Registered Agent:		
V. B. Marian of Office Address	(Fle	orida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
Thereby accept the appointment as registered agent. La.	m familiar with and accept	the obligations of the position.
	Signature of New Registe	ered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>MGR</u>	CHRIS WYNNE	5000 SAWGRASS VILLAGE CIR
x Remove  2) Change Add	D	HOPE H. HANA	PONTE VEDRA BEACH, FL3208  5000 SAWGRASS VILLAGE CIR  STE 3
A Remove  3 ) Change  X Add  Remove	D	CHRIS LAZZARA	PONTE VEDRA BEACH.FL3208 5000 SAWGRASS VILLAGE CIR STE 3 PONTE VEDRA BEACH.FL3208
4) Change Add	D	CAROL LYNCH	5000 SAWGRASS VILLAGE CIR STE 3
Remove  5) Change Add			PONTE VEDRA BEACH,FL32082
Remove 6) Change Add		_	
		onal Articles, enter change(s) here: essary). (Be specific)	

				_
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		•		
The date of each amendment(s) adoption date this document was signed.	on:		·	, if other than the
Effective date if applicable:	(no more than 90 days			
	(no more than 90 days	after amendment file	date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Departm	oes not meet the applica nent of State's records.	ble statutory filing rec	quirements, this date will no	ot 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 member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were ed of directors.
( Dated _	09/19/2024
Signature _ (E	Hope H. Hude  By the chairman or vice chairman of the board, president or other officer-if directors
Ì1	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Hope H. Hana
	(Typed or printed name of person signing)
	Director
	(Title of person signing)