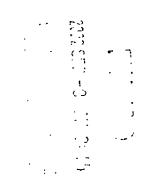
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Plaza of Emmedd Like Most- Association
DOCUMENT NUMBER: NO8 000006996
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
(Name of Contact Person)
President of Association The place of Emily Lake
(Firm/ Company)
President of Association The plan of Emuliak (Firm/Company) Fic. 7045 NW 22nd ST Side B (Address)
(Address)
Gamerille, FL 32653 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lucas Putz 357-660-9034
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
For further information concerning this matter, please call: Locas Potz at 350-660-9039 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
\$35 Filing Fee

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporate	The ned and a superior of the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>)		
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	ed office address in Florida	, enter the name of the
Name of New Registered Agent:	——————————————————————————————————————	
New Registered Office Address:	Œ	lorida street address)
		, Florida +
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of Nove Persie	vered Avent 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>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	5	Doogld Kline	7065 Nw 22 nd ST
X Remove			Garacolle, FL 32653
2) Change Add	_5_	Karen Oransky	2304 Sw 95 Ten
Remove 3) Remove 4 Add Remove			Gainesuille, FL 32607
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or additional sl		Articles, enter change(s) here:	

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<u> </u>	
	
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The date of each amendment(s) adoption:	if other than the
late this document was signed.	one. man me
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendmen	nt file date)
N - 180 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

<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)

X

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

Dated	9-6-2022
Signat	ure Lexas P Port
	(By the chairman or vice coamman 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)
	Locas Putz
	(Typed or printed name of person signing)
	President
	(Title of person signing)