## NO8249

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Application is for a different entity.

## **COVER LETTER**

COVER LETTER TO TO
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: RESIDENTS ASSOCIATION OF CITRUS CENTER COLONY
DOCUMENT NUMBER: NO 8249
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jimmy Anderson (Name of Contact Person)
Citus Center Colony Center Beetrack Commuting
911 Marcott St
Lakeland Ha 33803
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jimmy AnderSon at BlB- 6/12-0093 (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:
□\$35 Filing Fee  \$\ \bigcup \\$43.75 Filing Fee  \& \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Street Address

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

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

tion as currently filed with the Florida Dept. of State 00 000 90 48 (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: 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: New Registered Office Address: 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. 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.

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Example: X Change X Remove X Add	PT         John D           V         Mike John S           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)ChangeAdd	Photo	-Jimmy Anderson	aleland Ha 33803
Remove  2) Change Add	Y/cro	Hotace M Baxter	Horace M Baxter Lankhand Fh 3380 GJE BONGFOI SI
Remove Change Add Remove	COR BOOK		
4) Change Add	5/D"	Dawn Savage	910 Murcolt Lake Lend Fla33803
Remove  Change Add	1 TR	Robert Kusher	585-739-1765 Glo Murcottst Cakeland Fla
Remove  Change Add  Remove	LPD A	Marlene Vega	772-302-7224 412 Calamondin St. Lakeland, Fr. 33803 (646)436-9346
		ticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.  Effective date if applicable:	Jimmy A	indersor	١		, if other than the
date this document was signed.	$0 \longrightarrow 0$	0 . /			
Effective date if applicable:	3-5/-a	(OQ/ s after amendmen	file date)		
Note: If the date incerted in this block does				is date will not h	o licted or the

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.

Ą	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 8/29/21		
	Signature  (By the chairman of yele 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)		
	Timmy Anderson (Typed or printed name of person signing)		
	Prese dent (Title of person signing)		