

ND9000002917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600295116686

02/06/17--01023--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB -6 AM 9:38

FEB 09 2017
C McNAIR



RaybounMulligan PLLC

105 West Fifth Avenue
Tallahassee, Florida 32303
Telephone: (850) 907-3313
Facsimile: (888) 792-1666
Web: raybounmulligan.com

February 3, 2017

VIA U.S. MAIL

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

In re: Articles of Amendment
Midyette Palms Condominium Association, Inc.
Document Number: N09000002917

To Whom It May Concern:

Please find enclosed the completed Articles of Amendment for the above referenced Corporation along with check # 4069 in the amount of \$35.00 for the associated fee.

Please call me at 850-907-3315 with any questions or concerns.

With best regards,

Shelby Jhonson
Legal Assistant
Rayboun Mulligan, PLLC

FILED
SECRETARY OF CORPORATIONS
17 FEB -6 AM 9:38

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Midyette Palms Condominium Association, Inc.

DOCUMENT NUMBER: N09000002917

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheri Garbark

(Name of Contact Person)

Lewis Association Property Management, LLC

(Firm/ Company)

7113 Beech Ridge Trail, Suite 2

(Address)

Tallahassee, FL 32312

(City/ State and Zip Code)

manager@lewispm.com

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

For further information concerning this matter, please call:

Michael Rayboun

850

907-3313

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB -6 AM 9:38

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
17 FEB -6 AM 9:38
TALLAHASSEE, FLORIDA

Midyette Palms Condominiums Association, Inc.

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

N09000002917

(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:

Newport Place at Midyette Palms Condominium Association, Inc.

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**)

Lewis Association Property Management, LLC

7113 Beech Ridge Trail, Suite 2

Tallahassee, FL 32312

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Lewis Association Property Management, LLC

7113 Beech Ridge Trail, Suite 2

Tallahassee, FL 32312

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:

Michael Rayboun

105 West 5th Avenue

(Florida street address)

- New Registered Office Address:

Tallahassee

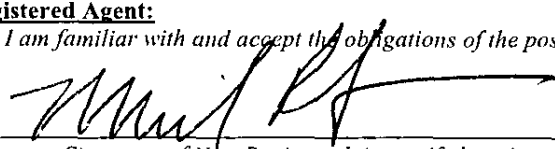
(City)

Florida 32303

(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

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<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			_____

10

The date of each amendment(s) adoption: _____, 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.
- ☐ 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 February 1, 2017

Signature Peggy Dye
(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)

Peggy Dye
(Typed or printed name of person signing)

VP
(Title of person signing)