## N0900004911

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Alat NAME OF CORPORATION:	ia Pointe Estate Homeowner's Associ	ciation, Inc	
N090000	04911		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence cond	eming this matter to the following:		
Stacie Mixon			
	(Name of Contact F	Person)	
	,	•	
Doyle & McGrath Real Estate			
-	(Firm/ Compan	ıy)	<del></del>
19005 N Dale Mabry Hwy			
	(Address)		
Lutz, FL 33548			
	(City/ State and Zip	Code)	
stacie.mixon@doylemcgrath.com			
E-mail add	ress: (to be used for future annual re	port notification	1
or further information concerning th	is matter, please call:		
Stacie Mixon	ai	813 t	948-7368
(Name of	Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the Florida	Department of	State:
	5 Filing Fee & (21\$43.75 Filing Fee icate of Status Certified Copy (Additional copy enclosed)	Certifi is Certifi (Additi	Filing Fee cate of Status ed Copy onal Copy is sed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Di	reet Address mendment Section ivision of Corporate Centre of Ta 115 N. Monroe allahassee, FL 32	rations Illahassee Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Alafia Pointe Estate Homeowner's Association, In	nc		
(Name of Corporation as currently filed with th	ne Florida Dej	ot. of State)	
N09000004911			
(Docu	ment Number	of Corporation (if know	vn)
Pursuant to the provisions of section 617 1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes,	this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	te corporation	<u>ı:</u>	
			The new
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the name		n" or "incorporated" o	
B. Enter new principal office address, if applica	able:	9005 N Dale Mabry H	wy
(Principal office address MUST BE A STREET	ADDRESS)	utz, FL 33548	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST DEFICE	: BOX)	9005 N Dale Mabry H	wy
		utz, FL 33548	
	_	<del></del>	
	-	<del></del>	
D. If amending the registered agent and/or registered agent and/or the new registered.			ter the name of the
		Grath Real Estate	
Name of New Registered Agent:	- 4/		
	19005 N Dai	e Mabry Hwy	
New Registered Office Address:	<u>.</u>	(Florid	a street address)
	Luiz		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Ao	ent:	
I hereby accept the appointment as registered ager			obligations of the position
	( å	cuSigned by	
-	Signo	nure 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 nated 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:		ini, or us arraid.	
X Change X Remove X Add	<u>V</u> <u>M</u> il	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	Pres	Jeff Matthews	19005 N Dale Mabry Hwy Luiz, FL 33548
Remove 2) Change Add	VP	Daniel Harris	19005 N Dale Mabry Hwy Lutz, Fl. 33548
Remove  3 ) Change  * Add Remove	<u>ST</u>	Elizabeth Farmer	19005 N Dale Mabry Hwy Lutz, FL 33548
4) Change Add	<u>n</u>	DOUGLAS A. SMILEY	19645 MICHIGAN AVENUE ODESSA, FL 33556
X Remove  5) Change Add	<u>D</u>	THOMPSON, L.V.	5015 E. HILLSBOROUGH AVEN TAMPA, FL 33610
* Remove  6) Change Add	D	THOMASENA BASHOR	4809 ERLICH ROAD-SUITE 203 TAMPA, FL 33624
E. If amending or additional sh	ding additional	Articles, enter change(s) here: y). (Be specific)	

tuSign Envelope ID. 18AA35D8-E7EE-455	5C-BA74-49E3FE53D864	
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		<del> </del>
	-	<del></del>
The date of each amendment(s) ad	September 23, 2022	, if other than th
date this document was signed		, ii bilici inan ii
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 20 days after amenament file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was were adward were sufficient for approva	fopted by the members and the number of votes cast for the amendment(s)	

DocuSign	Envelope ID: 18AA35D8	-E7EE-455C	BA74-49E3FE63D864
	There are no member adopted by the board		rs entitled to vote on the amendment(s). The amendment(s) was/were
	Dated	eptember	23, 2022
	Signature	Occusioned by Juff Mattle	ıws .
	ha	ve not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
		Jeff Ma	tthews
			(Typed or printed name of person signing)
		Pres	
			(Title of person signing)