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TALLAHASSEE, FLORE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: South Lage	son awners.	Association, Inc.
document number: <u>ND90000</u>	18733	
The enclosed Articles of Amendment and fee are subn		
Please return all correspondence concerning this matte	r to the following:	
Debbie white		
	(Name of Contact Perso	1)
	(Firm/ Company)	
S610 So. Lagoon Orive,	Unit B	
Panama City Beach, F	(City/ State and Zip Cod	c)
de Nada a acros 6 a t	lout Coa	
dubite_cupress @ act	for future annual report	notification)
For further information concerning this matter, please	eall:	
Debbie White	at	RSO-SO9-7421 rea Code) (Daytime Telephone Number)
(Name of Contact Person) Enclosed is a check for the following amount made pa		
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	LIS43.75 Fiting Fee & Certified Copy	☐S52.50 Filing Fee Certificate of Status
Commente of Status	(Additional copy is	Certified Copy
	enclosed)	(Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section		Iment Section
Division of Corporations P.O. Box 6327		on of Corporations entre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Contraction of the Contraction o	
Sill's	

South Lagour Dwoners F	Association In	c. 37.
(Name of Corporation as currently filed with the Florida	Dept. of State)	Only
M 0900000	8222	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corp.	oration adopts the following
A. If amending name, enter the new name of the corporat	tion:	
NIR		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	ttion" or "incorporated" or the abbr	eviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	A/U	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5610 Silagoon Unit B	70
	unit B	
	Paramacity Be	ach fr 32408
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ice address in Florida, enter the na	
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida street addr	essi
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ns of the position.
	ignature 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add	\overline{D}	Jimmy R Basfield	3108 Brookside Dr.
X Remove			Dotton, Pl 36303
2) Change Add	_0	Wooda Barfield	3108 Brookside Os
Remove 3) Change Add Remove			Dotten, AL 36303
4) Change Add		Jaywhite	Suld S. Lagron Dr Unit B
Remove			Panama City Beach, FC 32408
5) Change Add			32408
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
		NIA	

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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)	
(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 document's effective date on the Department of State's records.	e listed as the
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 9/7/2023	
(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)	
(Typed or printed name of person signing)	
Officer (Title of person signing)	

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