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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO		ner's Association, Inc.		
DOCUMENT NUMBER:	N09000010682			
The enclosed Articles of Ame	endment and fee are subr	nitted for filing.	· -	
Please return all corresponder	nce concerning this matte	er to the following:		
Donna DiRusso				
<u> </u>		(Name of Contact Person	on)	
O'Donnell & Tessitore LLP				
		(Firm/ Company)		
76 Bedford Street, Suite 38				
		(Address)		
Lexington MA 02420				
		(City/ State and Zip Co	de)	
donna@odtlaw.com				
E-	mail address: (to be used	for future annual repor	notification	1)
For further information conce	erning this matter, please	call:		
Donna DiRusso		(` at	781) 863-06	1
(	Name of Contact Person		(rea Code	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pa	yable to the Florida Dep	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	icate of Status ied Copy tional Copy is
Mailing A	ddress	Stree	t Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Somerdale Homeowner's Association, Inc.			
(Name of Corporation	as current	ly filed with the Florida Dept. of	State)
N09000010682			
(Docum	nent Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not For Profit Corp</i>	poration adopts the followi
A. If amending name, enter the new name of the	e corporație	on:	
Not applicable			The ne
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorporated" or the abb	previation "Corp." or "Inc.
B. Enter new principal office address, if applica	ble:	175 Fourth Street South	
(D)   1 (A II MINT DE LOTDEET LODDECC)		Naples FL 34102-5949	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		175 Fourth Street South	
		Naples FL 34102-5949	19 AUG SECREI
D. If amending the registered agent and/or regi	stered offic	e address in Florida, enter the n	ame of the
new registered agent and/or the new registered office add			SE 5
Name of New Registered Agent:	Michael V 175 Fourtl	h Street South, Naples FL 34102	S AIL
	(Florida street address)		dress)
<u>New Registered Office Address:</u>		h Street South, Naples	34102-5949 Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered n. I am far	Agent: niliar with and accept the obligati	ons of the position.
-	Min	SLVuin gnature of New Registered Agent,	if abayaiya
	Si	gnature of New Registered Agent,	ij cnanging

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 Doe  V Mike Jones  SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
l) Change	D James Bazzinotti	185 Fourth Street SW
Add		Naples FL 34102-5949
X Remove		
2) Change	D Terrence M. O'Donn	tell 175 Fourth Street South
X Add		Naples FL 34102-5949
Remove		
3 ) Change		
Add		- CREAL G
Remove		ASSIF
4) Change		
Add		AIE AIE
Remove		<u> </u>
5) Change		
Add		<del></del>
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)					
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	t date of their differential (a) and provide the control of their differential (b) and provide their differential (b) and	f other than the
	e this document was signed.  8/16/2019	
LII	fective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be learnent's effective date on the Department of State's records.	isted as the
Ad	loption 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 August 16th, 2019	
	Signature Milly L. Varin	
	(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)	
	Michael Vanier	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	
	SECRETARY OF TALLAHASSEE.	FILE