

N13 000002755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

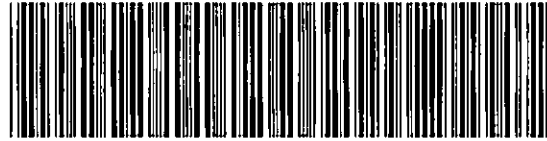
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800366433798

Amend

05/24/21--01018--015 **25.00

2021 AUG 30 AM 9:56
SECRETARY OF STATE
FILING OFFICE

FILED

SEP 01 2021
A RAMSEY

*00789, 06342, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Officers
by 4/30 to
update to
Mark Smith

July 2, 2021

HEATHER TEIJELO
LAUREL NOKOMIS PTO, INC.
1900 E. LAUREL ROAD
NOKOMIS, FL 34275 US

SUBJECT: LAUREL NOKOMIS PTO, INC.
Ref. Number: N13000002755

We have received your document for LAUREL NOKOMIS PTO, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 821A00015229

2021 AUG 30 AM 8:02

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAUREL NOKOMIS PTO INC

DOCUMENT NUMBER: N13000002755

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

Please return all correspondence concerning this matter to the following:

MARK SMITH

(Name of Contact Person)

SMITH & WAGGONER, CPAs PA

(Firm/ Company)

115 TAMIAHI TRAIL N STE 7

(Address)

NOKOMIS, FL 34275

(City/ State and Zip Code)

mark@swagcpa.com

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

For further information concerning this matter, please call:

MARK R SMITH, CPA

941

375-4118

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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 AUG 30 AM 9: 56

LAUREL NOKOMIS PTO INC

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

N13000002755

SECRETARY OF STATE
CORPORATION

(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:

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)

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (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	<u>T</u>	<u>KATY BALON</u>	<u>1900 E LAUREL RD</u>
<input checked="" type="checkbox"/> Remove			<u>NOKOMIS, FL 34275</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>LaTOYA PRICE-CHILES</u>	<u>1900 E LAUREL RD</u>
<input checked="" type="checkbox"/> Remove			<u>NOKOMIS, FL 34275</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>LINDSEY WESTRICK</u>	<u>1900 E LAUREL RD</u>
<input checked="" type="checkbox"/> Remove			<u>NOKOMIS, FL 34275</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>AREKA GOMEZ</u>	<u>1900 E LAUREL RD</u>
<input checked="" type="checkbox"/> Remove			<u>NOKOMIS, FL 34275</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>MARY WESCOAT</u>	<u>1900 E LAUREL RD</u>
<input type="checkbox"/> Remove			<u>NOKOMIS, FL 34275</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VP</u>	<u>VALERIE CHI CHUNG HING</u>	<u>1900 E LAUREL RD</u>
<input type="checkbox"/> Remove			<u>NOKOMIS, FL 34275</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Continue on next page

(Continued)

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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>JASYNDA DAVIS</u>	<u>1900 E LAUREL RD</u> <u>NOKOMIS, FL 34275</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>HEATHER TEJELO</u>	<u>1900 E LAUREL RD</u> <u>NOKOMIS, FL 34275</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

- [illegible]

☒ 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 8/19/21

Signature Mary C. Wescoat
(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)

Mary C. Wescoat
(Typed or printed name of person signing)

President
(Title of person signing)