N1500003503

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



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SEP 0 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SAYMER ESTATES HOMEOWNERS' ASSOCIATION INC. 00003803 DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

NELSON SAYEGH
(Name of Contact Person)
SAYMER ESTATES HOMEOWNERS' ASSOCIATION INC.
(Firm/ Company)
1200 BRICKELL AVE SUITE 240
(Address)
MIAMI FL 33131
(City/ State and Zip Code)
nsayegh & say or oupdevelopers. com

For further information concerning this matter, please call:

<u>IEGH</u> (Area Code) (Daytime Telephone Number)

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

🖆 \$35 Filing Fee 👘

□\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2018

NELSON SAYEGH SAYMER ESTATES HOMEOWNERS 1200 BRICKELL AVE - STE. 240 MIAMI, FL 33131

SUBJECT: SAYMER ESTATES HOMEOWNERS' ASSOCIATION, INC. Ref. Number: N15000003803

We have received your document for SAYMER ESTATES HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 518A00016879

: || h: RECELE S

Articles	s of Amendme	nt			
Articles	to of Incorporati	ion			
	of	1	k.	· · · ·	
	OWNE		ASSOCIAT	T NOI	NC.
(<u>Name of Corporation as current</u>	$\frac{10 \text{ med with ti}}{\sqrt{2}}$	<u>ne rioric</u>	la Dept. of State)		
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s. this <i>Florida</i> :	Not For	Profit Corporation ado	pts the following	Ļ
A. If amending name, enter the new name of the corporation	<u>on:</u>				
NOT APPLIC	CABLE	-		The new	,
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incor	porated"	or the abbreviation "C	lorp." or "Inc."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N	<u>107</u>	APPLICAE	BLE	
					-
					-
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BON</u>)	N	ТОГ	APPLICE	ABLE	•
		-			-
					_
D. If amending the registered agent and/or registered office	e address in F	lorida. e	nter the name of the		
new registered agent and/or the new registered office a					
Name of New Registered Agent: NE	LSON	E	SAYEGH	۱ <u> </u>	
	NOT	AP	PLICABLE	-	_
<u>New Registered Office Address:</u>		(Flor	uda street address)		
			Florida		
	(City)	ų	(Zip Co	de)	-
New Registered Agent's Signature, if changing Registered 2	Agent:	M			
Thereby accept the appointment as registered agent. Tam fan	<i>uliar with and</i>	actept N	he obligations of the pos		
		₩)	28H	
Sig	gnature of New	Registe	red Agent, if changing	28H1 SEP	
				SEP =5	Γ
P	Page 1 of 4				Π
				AH IO: 29 E, FLORID,	D

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		Doe Jones Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>SEC</u>	SAVEGH, IRENE	1200 BRICKELLAVE SUITE 240 MIAM FL 33131
2) Change Add			
Remove 3) Change Add			
5) Change Add			
6) Change Add			
Remove			

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

. . .

	TON	APPLICABLE
	<u>.</u>	
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	<u>.</u>	

Page 3 of 4

The date of each amendment(s) adoption: _	01/01	12018	, if other than the
date this document was signed.		1 -	
Effective date <u>if applicable</u> :	01/01/	2018	
	more than 90 days afte	r amendment file date)	

<u>Note:</u> 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 Signature

signature _____

(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 liduciary by that liduciary)

AVFGH

(Typed or printed name of person signing)

P

(Title of person signing)