

N15000010017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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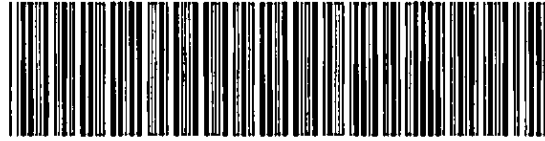
(Business Entity Name)

(Document Number)

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JAN 25 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SILVERADO RANCH NORTH HOMEOWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N15-000610017

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

Please return all correspondence concerning this matter to the following:

Kriston Nottingham

(Name of Contact Person)

Access Management

(Firm/Company)

215 Celebration Place Suite 415

(Address)

Celebration, FL 34747

(City, State and Zip Code)

silveradoaccessmanagement.com

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

For further information concerning this matter, please call

Kriston Nottingham 407 480-4200 ext. 1007

(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:

- | | | | |
|---|---|--|--|
| ☒ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 510
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

SILVERADO RANCH NORTH HOMEOWNERS ASSOCIATION, INC.

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

N1500010017

(Document Number of Corporation, if known)

Pursuant to the provisions of section 617.10(6), Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendments 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 "association" or "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)

Access Management

215 Celebration Place Suite 112

Celebration, FL 34747

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Access Management

215 Celebration Place Suite 112

Celebration, FL 34747

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:

Access Management

215 Celebration Place Suite 112

Celebration, FL 34747

New Registered Office Address:

Celebration

FL 34747

FL 34747

FL 34747

New Registered Agent's Signature, if changing Registered Agent:

I, _____, hereby accept the appointment as registered agent and accept the obligations of my 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, CR = President, C = Chairman or Clerk, CLO = 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:

☒ Change	PT	<u>John Doe</u>
☒ Remove	V	<u>Mike Jones</u>
☒ Add	SV	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) ☒ Change ☐ Add ☐ Remove	D	<u>Mark Moulton</u>	<u>215 Celebration Place, Suite 115</u> <u>Celebration, FL 34747</u>
2) ☒ Change ☐ Add ☐ Remove	D	<u>Christian Catter</u>	<u>215 Celebration Place, Suite 115</u> <u>Celebration, FL 34747</u>
3) ☒ Change ☐ Add ☐ Remove	D	<u>Ryan Zook</u>	<u>215 Celebration Place, Suite 115</u> <u>Celebration, FL 34747</u>
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

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

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

Please add Tax ID # (EIN) 81-4547880

The date of each amendment(s) adoption: 11/01/2020, if other than the date this document was signed.

Effective date if applicable: 11/01/2020
(no more than 90 days after amendment, the date)

Note: 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 amendments. The amendments were adopted by the board of directors.

Dated 11/11/2020 _____

Signature Mary E. Moulton, President _____
(By the chairman or vice chairman of the board, president or other officer or directors have not been selected, by an incorporator, or in the hands of a receiver, trustee, or other court-appointed fiduciary by that fiduciary.)

Mary Moulton

(Typed or printed name of person signing)

Board Director

(Title of person signing)