N1600000 3439

(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Sapphire Core Homeowners Association, Inc. N16000003439. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David E- Torres
(Name of Contact Person) 3520 Kraft Rd # 201
(Address) Naples, FZ 34105 (City/State and Zip Code) lavide forces companies. com.

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David E. Torres

at 9047624454

(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: If \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

Sapphire Core Home	eowners	A550	ciation,	Inc.		_
(Name of Corporation as currently filed with the l			Q			
	11600000					_
(Docume	nt Number of Corp	oration (if ki	nown)			
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this Flo	rida Not Fo	r Profit Corpo	ration adopts the	e followi	.ng
A. If amending name, enter the new name of the	corporation:					
					The ne	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "	incorporatea	I" or the abbre	viation "Corp."	or "Inc.	**
B. Enter new principal office address, if applicable						_
(Principal office address <u>MUST BE A STREET AD</u>	<u>DKE33</u>) 					_
			_		_	
C. Enter new mailing address, if applicable:	OV)					
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>		<u> </u>	£ ()	120	_
			_ 		- 23	-71
					<u>53</u>	
D. If amending the registered agent and/or register	arad affice address	in Florida	enter the nam	e of the	27	f
new registered agent and/or the new registered	i office address:	1 In 1 1011ua,	Check the han	ت. ت. ن.	777 74	
					ڗۼ	1
<u>Name of New Registered Agent:</u>				- ; ;	္သ	_
_	<u> </u>		orida street addres	(s)		_
New Registered Office Address:		,				
		_	,	Florida		
_	(City)			(Zip Code)		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	e <mark>gistered Agent:</mark> I am familiar with	and accept	the obligations	of the position.		
_	Signature of	New Regist	ered Agent, if c	hanging		_

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 <u>John I</u> V <u>Mike J</u> SV <u>Sally S</u>	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	Director	Paul Schmidt	4670 Cardinal Way 302 Naples, FL 34112. 4670 Cardinal Way \$\$302 Naples, FL 34112.
Remove	~ .		Napes, TC 3711-
2) Change Add	Director	Alex Licata	4670 Cardinal Way #302 Naples FL 34112
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
	adding additional Ar I sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
	-		

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The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.	2/17/23	
Effective date if applicable:	2/17/23 (no more than 90 days after amendment file date)	
	es not meet the applicable statutory filing requirements, this date will no	
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.

re no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.
Dated 2-12-23
(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)
David E. Torres
(Typed or printed name of person signing)
(Title of person signing)