N17000002024

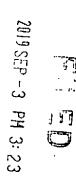
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations	
SARDINIA HON NAME OF CORPORATION:	MEOWNERS' ASSOCIATION, INC.
DOCUMENT NUMBER: N17000002024	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
MARK W. GESCHWENDT, ESQ.	
	(Name of Contact Person)
MIROMAR DEVELOPMENT CORPORATION	
·	(Firm/ Company)
10801 CORKSCREW RD., SUITE 305	
	(Address)
ESTERO, FL 33928	
	(City/ State and Zip Code)
MGESCHWENDT@MIROMAR.COM	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
RACHEL MARKS	(239) 390-5100 at
(Name of Contact Per	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	& \$\subseteq\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$

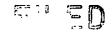
Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation of



2019 SEP - 3 PH 3: 23 SARDINIA HOMEOWNERS' ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N17000002024 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A , Florida (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.

The content of the first	, to, and said, sin	,	
Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	STD	MICHAEL FABIAN	10801 Corkscrew Rd., Ste 305
Add			Estero, Florida 33928
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	
<u> </u>	
	
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date this document was sign		other tha
tiate this document was sign	August 30, 2019	
Effective date if applicable	e:	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date of	n this block does not meet the applicable statutory filing requirements, this date will not be list in the Department of State's records.	sted as th
Adoption of Amendment(s	s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) rapproval.	
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	07/30/2019	
Signature/		
(By i hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
1	RICH POMEROY	
-	(Typed or printed name of person signing)	
1	PRESIDENT	