N171100003065

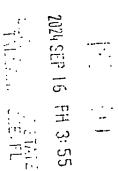
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	RESIDENTS OF H	ERITAGE ACTIVIT	IES COMMITI	CEE, INC	
DOCUMENT NUMBER:	N17000003065				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	ter to the following:			
SUZANNE JOYCE					
		(Name of Contact Po	erson)		
		(Firm/ Company	y)		
10200 122ND AVE APT 9	04				
		(Address)			
LARGO. FL 33773					
		(City/ State and Zip	Code)		
JOYFULRESULTS@GMA	AIL.COM				
E	-mail address: (to be use	d for future annual rep	port notification	n)	
For further information con-	cerning this matter, please	e call:			
SUZANNE JOYCE		at	952	220-5358	
	(Name of Contact Person		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status		Certifi is Certifi	Priling Fee cate of Status ed Copy cional Copy is sed)	

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

	of	1		
RESIDENTS OF HERITAGE ACTIVITIES COM	[+n m_ ·]			
(Name of Corporation as currently filed with the	Florida Dept. of State)			
N17000003065		2024 SEP 16 PH 3: 55		
(Docume	ent Number of Corporation (if know			
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For F</i>	TO LEE A STATE OF THE STATE OF		
A. If amending name, enter the new name of the N/A	corporation:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated"	The new or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicab	10200 122ND AVE AP	T 904		
(Principal office address <u>MUST BE A STREET AL</u>				
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	0X) 10200 122ND AVE AP	Т 904		
	LARGO, FL 33773			
 If amending the registered agent and/or regist new registered agent and/or the new registered 	ered office address in Florida, en I office address:	ter the name of the		
	SUZANNE JOYCE			
	10200 122ND AVE APT 904			
New Registered Office Address:	(Floria	la street address)		
	_ARGO	33773		
<u>-</u>	(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if changing Re	gistered Agent:	•		
I hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.		
	Signature of New Registers	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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes en es				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
I) Change Add	<u>P</u>	SAL BARONE	10200 122ND AVE APT 1751 LARGO, FL 33773			
x Remove						
2) <u>x</u> Change Add	<u>P</u>	SALLY D'AGOSTINO	10200 122ND AVE APT 4256 LARGO, FL 33773			
Remove 3) Change	<u>S</u>	ROBIN VOORHEES	10200 122ND AVE APT 901 LARGO, FL 33773			
4) Change Add						
Remove 5) Change Add						
Remove 6) Change Add						
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
FEDERAL 501C3 REQUESTED AND RECIEVED 2/15/2024 LETTER OF DETERMINATION ATTACHED.						
SEE BYLAWS ATTACHED: APPROVED AND SIGNED BY THEN BOARD AS OF 02/12/2024. NOT SUBMITTED WITH ANNUAL REPORT. DIDN'T KNOW WE COULD INCLUDE THEM UNTIL 9/12/2024						

NO BUSINESS BENEFICIAL		 · · · - · - · · -				
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The date of each amendment(s late this document was signed.) adoption:	 -		·	-	_, if other than th
-	0/11/2024					
Effective date <u>if applicable</u> :		than 90 days a	fter amendmen	t file date)		
Note: If the date inserted in this locument's effective date on the	block does not mee	et the applicable			his date will not	be listed as the
	p 01 0141					

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

D-1-4	9/12/2024
Dated	
Signature	Lally A. D'A gos trus
Ū	(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)
	SALLY D'AGOSTINO
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

RE NAME OF CORPORATION:	SIDENTS OF HERITAGE AC	TIVITIES COMMIT	TEE, INC
N17000 DOCUMENT NUMBER:	003065		
The enclosed Articles of Amendmen	it and fee are submitted for fili	ıg.	
Please return all correspondence con	cerning this matter to the follo	wing:	
SUZANNE JOYCE			
	(Name of Co	ntact Person)	··· - · - · · · ·
	(Firm/ C	ompany)	·
10200 122ND AVE APT 904			
	(Add	lress)	
LARGO. FL 33773			
	(City/ State a	nd Zip Code)	
JOYFULRESULTS@GMAIL.COM	1		
E-mail ad	Idress: (to be used for future an	nual report notificatio	n)
For further information concerning t	his matter, please call:		
SUZANNE JOYCE		952 at	220-5358
(Name o	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made payable to the l	Florida Department of	State:
	75 Filing Fee & \$\Bigcup \\$43.75 Filing ificate of Status Certified C (Additional enclosed)	Copy Certif I copy is Certif (Addi	0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed)
Mailing Address		Street Address	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303