## N18000001820

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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## **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC"		Park Homeowner's Association	Inc				
.,003150	· ·	Name of Lim	ited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ren	um all correspo	ondence concerning this matter	to the following:				
		Jose Renta					
			Name of Person				
		MCO Management Group					
			Firm/Company				
		5850 Hansel Avenue Suite	200				
			Address				
		Orlando FL 32809					
			City/State and Zip Code				
		jose@mcomgmt.com			(ŋ	20	
		É-mail address: (	to be used for future annual report notification	)		123 (	.478
For furthe	r information c	concerning this matter, please c	all:		,— ;; ;—1 ;>	CT	<b>€</b>
Jose Rent	a		407 352-1019 at ()			2023 OCT 11	,
	Name o	of Person	Area Code Daytime Telep	hone Number		AH 10: 5:	, i
Enclosed	is a check for t	he following amount:			, ni	ာ	
<b>■</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional ec	of Status Jopy		

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



August 16, 2023

JOSE RENTA MCO MANAGEMENT GROUP 5850 HANSEL AVENUE, SUITE 200 ORLANDO, FL 32809

SUBJECT: PRINCETON PARK HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N18000001820

We have received your document for PRINCETON PARK HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Operations Manager A

SET US 2023

Letter Number: 823A00018873



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2023

JOSE RENTA MCO MANAGEMENT GROUP 5850 HANSEL AVENUE, SUITE 200 ORLANDO, FL 32809

SUBJECT: PRINCETON PARK HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N18000001820

We have received your document for PRINCETON PARK HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to send the complete application and also please make the following corrections.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed 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.

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.

Diane Cushing Operations Manager A

Letter Number: 523A00022556

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

Princeton Park Homewoo	ners Association Inc.	
(Name of Corporation as currently filed with the Florida D		193X 10
1/102	D020182D	رن
(Document Number	er of Corporation (if known)	O
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation add	opts the following
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "C	The new Corp." or "Inc,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		Surte 200
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	someasak	 DVC
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		
Name of New Registered Agent:	not Changi	<u>ng</u>
New Registered Office Address:	(Florida street address)	
	(City) , Florida, Florida,	 ode)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the po	osition.
<u> </u>	ignature of New Registered Agent if changing	

P = President; V = Vice	s, if necessary) lirector title by th President; T= Ti = Chief Financia	ne first letter of the office title: reasurer; S= Secretary; D= Director; TR= Tru al Officer. If an officer/director holds more tha	istee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office
	raves the corpora	g manner. Currently John Doe is listed as the I tion, Sally Smith is named the V and S. These so th, SV as an Add.	
Example:  X Change X Remove X Add		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	7	Edmalia Constanza	5850 Hansel Ave Ste 200 Orlando FL 33809
Remove  2) Change Add	<u>P</u>	Kenneth Lewis	Sugn Hankel Ave Ste 200 extendo FL 32649
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		<del>-</del>	
Remove			<del></del>
6) Change Add	<del></del>	<del></del>	
Remove			
E. If amending or add (attach additional she		rticles, enter change(s) here:  (Be specific)	
_			
		1/7	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

•	•	•		
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				10.
The date of each amendment(s) adoption date this document was signed.	n:	·	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days	after amendment file	date)	
				ant ha listud et .
<b>Note:</b> If the date inserted in this block document's effective date on the Department	es not meet the applica ent of State's records.	ore statutory thing rec	quirements, this date will t	not or fisted as the

(CHECK ONE)

Adoption of Amendment(s)

Ther adop	e are no members or members entitled to vote on the amendment(s). The amendment(s) was/were need by the board of directors.
	Dated $10-10-73$
	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 fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Vice President. (Title of person signing)