## N1800000 2948

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	THE LANDING COM	MMUNITY ASSOC	CIATION, INC	
	18000002948			
DOCUMENT NUMBER:		·-····································		
The enclosed Articles of Amer	ndment and fee are subm	itted for filing.		
Please return all correspondence	ce concerning this matter	to the following:		
DAVE WALTER				
· -	(	Name of Contact Po	rson)	
ACCESS MANAGEMENT				
		(Firm/ Company	/)	
2970 UNIVERSITY PARKW	VAY, SUITE 101			
		(Address)		
SARASOTA, FL 34243				
	(	City/ State and Zip	Code)	
DWALTER@ACCESSDIFF	ERENCE.COM			
E-n	nail address: (to be used l	for future annual rep	ort notification	1)
For further information concer-	ning this matter, please c	all:		
DAVE WALTER		at	813	607-2220
(7)	lame of Contact Person)	u.		(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pay	able to the Florida I	Department of 1	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

A	articles of Amendment	.,.
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Ar	rticles of incorporation of	و ا
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		بخ
(Name of Corporation as cu	arrently filed with the Flor	rida Dept. of State)
(Document I	Number of Corporation (if k	nown)
rsuant to the provisions of section 617.1006, Florida Sendment(s) to its Articles of Incorporation:	itatutes, this <i>Florida Not Fo</i>	rida Dept. of State)  known)  or Profit Corporation adopts the following
If amending name, enter the new name of the corp	poration:	
	<del></del>	
me must be distinguishable and contain the word "cor		The new
me must be aistinguisnable and contain the word—cor "ompany" or "Co." may not be used in the name.	poration or incorporated	a or the appreviation "Corp." or "Inc,"
Enter new principal office address, if applicable:	ECC	
incipal office address <u>MUST BE A STREET ADDR</u>	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
The state of the s	rice madreout	
Name of New Registered Agent:		
	(F)	lorida street address)
New Registered Office Address:		
		. Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Regist ereby accept the appointment as registered agent. I a	iered Agent: am familiar with and access	t the obligations of the position
стебу всеері те врротітелі из теділістей иделі. Та	он затише жин ана ассері	me omigations of the position.
	C12 P :	
	Signature of New Regist	tered 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	<u>PT</u> <u>V</u> <u>\$V</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	DP	TONY SQUITIERI	12620 TELECOM DR
Add			TAMPA, FL 33637
X Remove			· · · · · · · · · · · · · · · · · · ·
2) Change	DP	MARY E. MOULTON	12620 TELECOM DR
X Add			TAMPA, FL 33637
Remove			
3) Change	DST	RAY DEMBY	12620 TELECOM DR
Add			TAMPA, FL 33637
X Remove			
4) Change	DST	JULIE ARAGONA	12620 TELECOM DR
X Add			TAMPA, FL 33637
Remove			
5) Change		<del> </del>	
Add			
Remove			
6) Change			
Add			·
Remove			

amending or adding additional Ar ach additional sheets, if necessary).	(Be specific)	•			
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	e date of each amendment(s) adoption:  e this document was signed.	il other than the
Effe	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be burnent's effective date on the Department of State's records.	isted as the
Ado	option 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.	
Й	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 10/21/2019	
	Signature May & Mollon President (Bythe ghairman or vice chairman of the board, president or other officer-if directors	
	(Bythe 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)	
	MARY E. MOULTON	
	(Typed or printed name of person signing)	
	DIRECTOR, PRESIDENT	
	(Title of person signing)	