

NI9000 000 798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

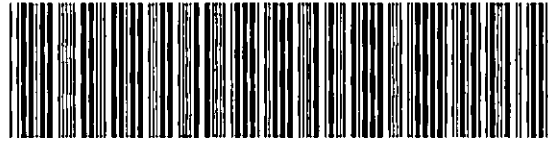
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 13 PM 6:59

C. GOLDEN

JAN 13 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER:

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Martin

(Name of Contact Person)

Sovereign & Jacobs Property Management Company

(Firm/ Company)

461 AIA Beach Blvd

(Address)

St. Augustine, FL 32080

(City/ State and Zip Code)

Receptionist@Sovereign-Jacobs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Martin

(Name of Contact Person)

at 904-461-5556

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$8.35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|---|--|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2019

NICOLE MARTIN
461 A1A BEACH BOULEVARD
ST. AUGUSTINE, FL 32080

SUBJECT: SIENNA GROVE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N19000000798

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 919A00026009

Articles of Amendment
to
Articles of Incorporation
of

Sienna Grove Homeowners Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N19000000798

(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:

The new 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

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

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 PT 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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☐ Add

☒ Remove

STD Citino, Derek

4101 AIA Beach Blvd
St. Augustine, FL
32080

2) ☐ Change

☐ Add

☒ Remove

VD Golden, Darren

10475 Fortune Pkwy
Jacksonville, FL Suite 100
32256

3) ☐ Change

☒ Add

☐ Remove

VP Denton, Mikel

4101 AIA Beach Blvd
St. Augustine, FL
32080

4) ☐ Change

☒ Add

☐ Remove

S/T Williams, Chris

4101 AIA Beach Blvd
St. Augustine, FL
32080

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

(attach additional sheets, if necessary). (Be specific)

[illegible]

☒ 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

~~12/18/2019~~ 1-2-19

Signature

(By the chairman or vice chairman of the board, president or other officer or directors have not been selected by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Christopher A. Hill

(Typed or printed name of person signing)

President

(Title of person signing)