

N19000006914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

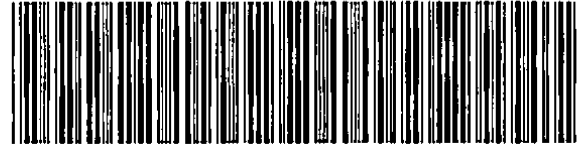
(Business Entity Name)

(Document Number)

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700368713697

700368713697  
09/09/21--01004--005 \*\*10.00

06/30/21--01012--016 \*\*25.00

2022 SEP -7 PM 2:29

FILED

*Handwritten signature*

SEP 09 2021  
I ALBRITTON

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BAYRIDGE SUBDIVISION HOA INC

DOCUMENT NUMBER: N 19 000006914

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

Please return all correspondence concerning this matter to the following:

BOB LYEWSANG

(Name of Contact Person)

BAYRIDGE SUBDIVISION HOA, LLC

(Firm/ Company)

PO BOX 110224

(Address)

PALM BAY, FL 32911

(City/ State and Zip Code)

BAYRIDGE HOA @ OUTLOOK.COM

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

For further information concerning this matter, please call:

BOB LYEWSANG

(Name of Contact Person)

at 202-629-7560 (Cell)

(Area Code) (Daytime Telephone Number)

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

☒ \$10 BAL DUE

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



RECEIVED

2421 SEP -7 PM 3:40

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2021

BOB LYEWSANG  
P.O. BOX 110224  
PALM BAY, FL 32911

SUBJECT: BAYRIDGE SUBDIVISION HOA, INC.  
Ref. Number: N19000006914

We have received your document for BAYRIDGE SUBDIVISION HOA, 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):

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

Irene Albritton  
Regulatory Specialist II

Letter Number: 221A00019948



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 AUG 11 AM 11:10

July 26, 2021

ROBERT LYEWSANG  
P.O. BOX 110224  
PALM BAY, FL 32911

SUBJECT: BAYRIDGE SUBDIVISION HOA, INC.  
Ref. Number: N19000006914

We have received your document for BAYRIDGE SUBDIVISION HOA, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

\* There is a balance due of \$10.00. ✓ *check ENCLOSED*

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 021A00017329

Articles of Amendment  
to  
Articles of Incorporation  
of

BAYBRIDGE SUBDIVISION HOA, LLC

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000006914

(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 "Incorporated" or "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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 110224  
PALM BAY, FL  
32911

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:

BOB LYEW SANG

555 CORBIN CIR SW

(Florida street address)

New Registered Office Address:

PALM BAY

(City)

Florida

32908

(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.

Bob Lyew Sang

8/8/2021

Signature of New Registered Agent, if changing

Bob Sign Here

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:

|  |    |             |
|--|----|-------------|
| <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

P

Bob LYEW SANG

PO BOX 110224  
PALM BAY, FL  
32911

☐ Remove

2) ☐ Change  
☒ Add

VP

MARGARET NAPPER

PO BOX 110224  
PALM BAY, FL  
32911

☐ Remove

3) ☐ Change  
☒ Add  
☐ Remove

T

JENNIFER SHAW

PO BOX 110224  
PALM BAY, FL 32911  
4760 N. US HWY 1  
MELBOURNE, FL  
32935

4) ☐ Change  
☐ Add

P

CHARLES GENOWI

4760 N. US HWY 1  
MELBOURNE, FL  
32935

☒ Remove

5) ☐ Change  
☐ Add

VP

JOHN M. GENOWI

4760 N. US HWY 1  
MELBOURNE, FL 32935

☒ Remove

6) ☐ Change  
☐ Add

S

JOHN P. GENOWI

☒ Remove

4760 N. US HWY 1  
MELBOURNE, FL 32935

F. If amending or adding additional Articles, enter change(s) here:

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

**The date of each amendment(s) adoption:** \_\_\_\_\_, if other than the date this document was signed.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

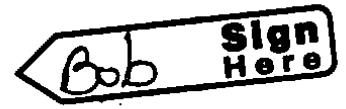
8/27/2021

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

- ☐ 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

8/8/2021



Signature

[Handwritten 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)

ROBERT LYEW SANG

(Typed or printed name of person signing)

BAYRIDGE SUBDIVISION HOA BOARD PRESIDENT

(Title of person signing)