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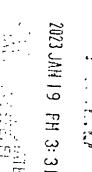
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COVER LETTER

TO: Amendment Section Division of Corporations

7 ...

ST MARK VILLAGE RESIDENTS ASSOCIATION INC
N19000011479
OCUMENT NUMBER:
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
FRANK SHIBLE
(Name of Contact Person)
T MARK VILLAGE RESIDENTS ASSOCIATION INC
(Firm/ Company)
655 NEBRASKA AVE APT 414
(Address)
PALM HARBOR, FL 34684
(City/ State and Zip Code)
SHIBLE@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRANK SHIBLE 727 942-4115
(Name of Contact Person) (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 Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee & Certificate of Status (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ST MARK VILLAGE RESIDENTS ASSOCIATION INC	2023 JAN 19 FM 3: 31	
Name of Corporation as currently filed with the Florida E	Dept. of State)	111 3.31
N19000011479		ar sign
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Co</i>	orporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
N/A		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the al	phreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		name of the
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida street a	uidress)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent	
I hereby accept the appointment as registered agent. I am fai		tions 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 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 V SV	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add		-	<u>N/A</u>	
Remove				
2) Change Add		-		
Remove 3) Remove Add Remove		.		
4) Change Add		_		
Remove				
5) Change Add		-	, <u> </u>	
Remove				
6) Change Add		-		
Remove				
E. <u>If amending or adding</u> (attach additional shee	ig additio	onal Arti ssary).	icles, enter change(s) here: (Be specific)	
			ARTICLE III	
PURPOSES				
THE CORPORATION IS A NOT FOR PROFIT CORPORATION, ORGANIZED AND OPERATED UNDER THE				
FLORIDA NOT FOR PROFIT CORPORATION ACT EXCLUSIVELY FOR THE FOLLOWING PURPOSES WITHIN				
			OF THE INTERNAL PEVENING CODE OF	

	NIARY PROFIT: THE PURPOSE OF THE		
	JECTS AND SERVICES FOR ALL OF T	HE RESIDENTS OF ST MARE	
VILLAGE; AS DESCRIBED IN CHAPT	ER 651 OF THE FLORIDA STATUTES.		
-	18	•	_
·			
	•		
			
	·		-
	14NHABW 0-3002		
The date of each amendment(s) adoption date this document was signed.	n: <u>JANUARY 9, 2023</u>		, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi		
	(no more than 90 days after amendment fi	le date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing rent of State's records.	equirements, this date will not b	oc listed as the

(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.

Adoption of Amendment(s)

)		nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
	Dated Signatur	
		(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)
		BARBARA B BOWMAN
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)