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JAN 03 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

t i

ATLANTIC NAME OF CORPORATION:	C BEACH COTTAGES HOMEOWNERS ASSOCIATION, INC.
N20000005393	
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning	this matter to the following:
JEREMY DRAKE	
	(Name of Contact Person)
ATLANTIC BEACH COTTAGES HOMEO	OWNERS ASSOCIATION, INC.
****	(Firm/ Company)
1015 Atlantic Boulevard, #86	
	(Address)
Atlantic Beach, FL 32233	
	(City/ State and Zip Code)
ATLANTICBEACHCOTTAGES@GMAIL	.COM
E-mail address: (to	o be used for future annual report notification)
For further information concerning this matte	er, please call:
JEREMY DRAKE	504 505-5075
(Name of Contac	
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address	Street Address

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

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

ATLANTIC BEACH COTTAGES HOMEOWNERS ASSO	OCIATION, INC.	•
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N20000005393		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corp	poration adopts the following
A. If amending name, enter the new name of the corpora	tion:	
name must be distinguishable and contain the word "corpore" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbi	The new reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	ATLANTIC BEACH COTTAGES	S HOA
(Principal office address MUST BE A STREET ADDRESS	1015 Atlantic Boulevard, #86	
	Atlantic Beach, FL 32233	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ATLANTIC BEACH COTTAGE	S HOA
	1015 Atlantic Boulevard, #86	
	Atlantic Beach, FL 32233	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent:		me of the
New Registered Office Address:	(Florida street addi	·ess)
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	d Agent: amiliar with and accept the obligation	ns 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 John Do V Mike Jo SV Sally Sr	ones		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change Add	<u>P</u>	PATRICK BRESLEND	2049 ALLEY RD JACKSONVILLE, FL 32233	
x Remove				
2) Change Add	<u>T</u>	MICHAEL MCGUIRE	2037 ALLEY RD JACKSONVILLE, FL 32233	
X Remove	P	JEREMY DRAKE	2043 ALLEY RD JACKSONVILLE, FL 32233	
4) Change Add	<u>T</u>	FABIO DE MIRANDA COSTA	2073 ALLEY RD JACKSONVILLE, FL 32233	
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				

•		
		
		
		
		
		
		
		
		
		
The date of each amendment(s) adoption date this document was signed.	n: 11/17/2024	, if other than the
Effective date if applicable: 11/17/2024		
Michine date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will no ent of State's records.	t be listed as the
Adoption 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.

	There are no men adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were ward of directors.
	Dated	11/17/2024
, •		(By the chairman of 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
		PATRICK BRESLEND
		(Typed or printed name of person signing)
		PRESIDENT

(Title of person signing)