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$\underbrace{\text{COVER LETTER}}_{\bullet}$

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SREATER PINE ISLAND CIVIC ASSOCIATION, INC.
DOCUMENT NUMBER: NZOLO6
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN ELDREDGE (Name of Contact Person)
(Firm/ Company)
7872 BARRANCAS AUE.
BOKEELIA, FL 33922 (City/ State and Zip Code)
STEVENPELD @ GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NADINE GLIMAIC at (239) 339-7914 (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

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

GREATER PINE ISLA	ND CIVIC ASSOCIATION, LNG.
(Name of Corporation as currently filed with the Florida D	
N 2010A	
	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
NOT APPLICABLE	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7872 BARRANCAS AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BOKEFLIA, FL 33922
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7872 BARRANCAS AVES 3
	BOKEEUA, EL 33922
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.	
Name of New Registered Agent:	ELOREDGE STEVEN
	7872 BARRANGAS AVE.
	(Florida street address)
<u>New Registered Office Address</u> :) a. = a
	SOKEELIA Florida FL 33922 (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	miliar with and accept the obligations of the position.
	gnoture of New Registered Agent, if changing
Sign	gradure of their negatered regent, if enunging

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 D V Mike J SV Sally S	<u>ones</u>		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change Add	PD	Fox, HELEN	7418 Grande Pine Ro Bokeelia, FL 33922	
Remove 2) Change Add	SD	Fox, HELEN	7418 Grande Pine Rd. Bokooliay FL 33922	
Remove 3) Change Add X Remove	<u> </u>	SWEENEY, MICHAEL	7102 CAPRILANE Boktelia, FL 33922	
Add Remove	TSD_	ELDREDGE, STEVEN	7872 BARRANGAS AVE BOLODIO, FL 33922	
Remove 5) Change Add	PD	SWISHER-HICKS, DEDORAH	5395 ANCHORAGE St. James City, FL 33956	
Remove 6) Change Add				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
		VOT APPLICABLE		

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The date of each amendment(s) adoption:	I EUKDHKA 101 VAXA	, if other than the
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	T (0.00)	
Effective date if applicable:	than 90 days after amendment file date)	
(no more i	than 90 days after amendment file date)	
Note: If the date inserted in this block does not mee	t the applicable statutory filing requirements, this	date will not be listed as the
document's effective date on the Department of State	e`s records.	
Adoption of Amendment(s) (CHECH	K 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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 4/2-24 Signature 1 C. 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)
Nadne Simulate (Typed or printed name of person signing)
(Title of person signing)