

10/08/2021 3:50 PM

Division of Corporations

No. 00071 P. 1

Na100000804

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FALK LAW FIRM, P.A.

Account Number : I20160000019

Phone : (239)596-8400

Fax Number : (239)596-8401

2021 OCT -8 PM 4:35

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AVENIR SITE PLAN 3 - POD 6 NEIGHBORHOOD
ASSOCIATION,**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$35.00 |

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No. 0471 P. 2
(((H21000377226 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AVENIR SITE PLAN 3 - POD 6 NEIGHBORHOOD ASSOCIATION, INC.

DOCUMENT NUMBER: N21000000804

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

Please return all correspondence concerning this matter to the following:

Steven M. Falk, Esq.

(Name of Contact Person)

Falk Law Firm, P.A.

(Firm/ Company)

7400 Tamiami Trail North, Suite 103

(Address)

Naples, FL 34108

(City/ State and Zip Code)

Melissa.Stevens@pulte.com

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

For further information concerning this matter, please call:

Steven M. Falk

239

596-8400

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Oct. 8. 2021 3:50PM

(No. 0471000377226 3)))

Articles of Amendment
to
Articles of Incorporation
of

AVENIR SITE PLAN 3 - POD 6 NEIGHBORHOOD ASSOCIATION, INC.

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

N21000000804

(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:

N/A

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:

1475 Centrepark Blvd., Suite 305

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33401

C. Enter new mailing address, if applicable:

1475 Centrepark Blvd., Suite 305

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL 33401

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:

Melissa Stevens

c/o Pulte Home Company, LLC - 1475 Centrepark Blvd., Suite 305

(Florida street address)

New Registered Office Address:

West Palm Beach

Florida 33401

(City)

(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

Melissa Stevens

Signature of New Registered Agent, if changing

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

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|--------------------------|---|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>PD</u> | <u>Manuel M. Mato</u> | <u>550 Biltmore Way</u> <u>Suite 1110</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>Coral Gables, FL 33134</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>VPD</u> | <u>Rosa E. Schechter</u> | <u>550 Biltmore Way</u> <u>Suite 1110</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>Coral Gables, FL 33134</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>DST</u> | <u>David Serviansky</u> | <u>550 Biltmore Way</u> <u>Suite 1110</u> <u>Coral Gables, FL 33134</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add | <u>PD</u> | <u>David B. Kanarek</u> | <u>1475 Centrepark Blvd.</u> <u>Suite 305</u> |
| <input type="checkbox"/> Remove | | | <u>West Palm Beach, FL 33401</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add | <u>VPD</u> | <u>Melissa Stevens</u> | <u>1475 Centrepark Blvd.</u> <u>Suite 305</u> |
| <input type="checkbox"/> Remove | | | <u>West Palm Beach, FL 33401</u> |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add | <u>DST</u> | <u>Garrett Dinsmore</u> | <u>1475 Centrepark Blvd.</u> <u>Suite 305</u> |
| <input type="checkbox"/> Remove | | | <u>West Palm Beach, FL 33401</u> |

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

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

N/A

No. 0471, 5, 226 3)))

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No. 0471100P. 67226 3)))

- ☒ 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 10/8/2021

Signature Melissa Stevens
(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)

Melissa Stevens
(Typed or printed name of person signing)

Vice President
(Title of person signing)

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ST. JAMES
TALLAHASSEE, FLORIDA

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