n21000011272

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SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

CAMP SWIFT HO NAME OF CORPORATION:	DMEOWNERS' ASSOCIAT 	ION, INC.			
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
Christine S. Ladwig					
	(Name of Contact Person))		_	_
Dunlap & Shipman, P.A.					
	(Firm/ Company)		<u> </u>		_
2063 County Highway 395					
	(Address)				
Santa Rosa Beach, FL 32459				SECR	2924 UE
	(City/ State and Zip Code)		T A	(
christine@dunlapshipman.com				ECRETARY OF ST TALLAHASSEE, F	ā
E-mail address: (to be us	ed for future annual report n	otification)		F (S	ب <u>د</u> ت
For further information concerning this matter, please	se call:			72 Z	ر ا
Christine S. Ladwig	(850 at)) 23	1-3315		
(Name of Contact Perso	on) (Are	a Code) (Da	ytime Telephone	Number)	
Enclosed is a check for the following amount made	payable to the Florida Depar	rtment of State	:		
\$35 Filing Fee \$\Bigci \\$43.75 Filing Fee & Certificate of Status		□\$52.50 Fili Certificate Certified C (Additiona Enclosed)	of Status opy		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Division	Address ment Section n of Corporation ntre of Tallah			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CAMP SWIFT HOMEOWNERS' ASSOCIATION, INC.

N21000011272			
			
(Document Nu	umber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts	the following
A. If amending name, enter the new name of the corpo	oration:		
SHORELINE ESTATES HOMEOWNERS' ASSOCIATI	ION, INC.		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated	I" or the abbreviation "Corp	
3. Enter new principal office address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the	SECRET TALL;
Name of New Registered Agent: N/A			
			SS.
		lorida street address)	
New Registered Office Address:	(F		PAIS (
New Registered Office Address: N/A		, Florida	STATE
	(City)	, Florida (Zip Code)	<u> </u>
	(City) ered Agent:	(Zip Code)	m <u>-</u>

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 De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add		N/A	
Remove 2) Change Add			SECRETALLA
Remove 3) Change Add Remove		 	AA 18 AA 18 SEE
4) Change Add			9: 58 STATE
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addir (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

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	2024 DEC 18 AM 9: 58 SECRETARY OF STATE TALLAHASSEE, FL
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
·	
Effective date if applicable:	. <u></u>
Effective date if applicable: (no more than 90 days after amendment	file date)
the man a man and the state of	•
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.	

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

(CHECK ONE)

Adoption of Amendment(s)

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.	
Dated 11-27-24	
Signature Att Care	
(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)	
Arthur Deutesh	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	

SECRETARY OF STATE
TAILLAHASSEE, FL

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