

Florida Department of State
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
LET US DO GOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.

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J. HORNE
MAY 11 2022

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2022 MAY 10 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Let Us Do Good Village Homeowner's Association, Inc.

DOCUMENT NUMBER: N21000011443

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

Please return all correspondence concerning this matter to the following:

Ellen Macfarlane, Esq.

(Name of Contact Person)

Macfarlane, Ferguson & McMullen, P.A.

(Firm/ Company)

201 N. Franklin St., Suite 2000

(Address)

Tampa, FL 33602

(City/ State and Zip Code)

FLARTAMPA@MACFAR.COM

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

For further information concerning this matter, please call:

Ellen Macfarlane / Jessica Souders

813

273-4200

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 &
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(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
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Enclosed) |
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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

Let Us Do Good Village Homeowner's Association, Inc.

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

N21000011443

(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:

(Principal office address MUST BE A STREET ADDRESS)

2316 Hylan Boulevard

Staten Island, NY 10306

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2316 Hylan Boulevard

Staten Island, NY 10306

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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.

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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>Jeanna DellaRagionine</u>	<u>261 Hylan Boulevard</u> <u>Staten Island, NY 10306</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Jeanna DellaRagione</u>	<u>2316 Hylan Boulevard</u> <u>Staten Island, NY 10306</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>Matthey Mahoney</u>	<u>261 Hylan Boulevard</u> <u>Staten Island, NY 10306</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>Matthew Mahoney</u>	<u>2316 Hylan Boulevard</u> <u>Staten Island, NY 10306</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SD</u>	<u>Justin Kiernan</u>	<u>261 Hylan Boulevard</u> <u>Staten Island, NY 10306</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>Justin Kiernan</u>	<u>2316 Hylan Boulevard</u> <u>Staten Island, NY 10306</u>


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

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

☒ 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 5/10/2022

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)

Ellen Macfarlane

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)