N22000011534

(Re	equestor's Name)
(Ac	ddress)
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(Ac	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	oto Homeowners Associat	ion. Inc.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	matter to the following:		
Vanessa Avalos			
	(Name of Contact Per	son)	
	(Firm/ Company))	
PO Box 2769			
	(Address)		
Arcadia, FL 34265			
	(City/ State and Zip C	lode)	
Fairmontdesotohoa@gmail.com			
E-mail address: (to be	used for future annual repo	ort notification	1)
For further information concerning this matter, pl	ease call:		
Vanessa Avalos	at _	305	796-3878
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	de payable to the Florida D	Department of	State:
		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		eet Address endment Secti	On.
Division of Corporations		ision of Corpe	
P.O. Box 6327		Centre of T	
Tallahassee, Fl. 32314	241	5 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

01

Fairmont of Desoto Homeowners Association, Inc

2024 CT - 7 F.112: 59

N22000011534			
(Docum	ent Numbe	er of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:	
			The new
name must he distinguishable and contain the word "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 applical	ble:	1640 SE Haven Dr	
Principal office address MUST BE A STREET A	DDRESS)	Arcadia, FL 34266	.11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	PO Box 2769	
· · · · · · · · · · · · · · · · · · ·		Arcadia, FL 34265	
 If amending the registered agent and/or regis 	tound affia	anddeser in Elevida	antay the nume of the
new registered agent and/or the new registered			enter the name of the
Name of New Registered Agent:	Vanessa A	valos	
	1640 SE F	laven Dr.	
		tFlo	ridu street address)
<u>New Registered Office Address:</u>			
	Arcadia	- · · ·	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing Be berehy accept the appointment as registered agent	Registered t. I am fan	Agent: niliar with and accept t	he obligations of the position.
		145	
_	Si	mature of New Registe	red 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 I V Mike . SV Sally !	Jones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u> .	Roger Penner	Arcadia, FL 34266
Remove 2) Change Add	<u>D</u>	Abraham Kramer	121 N 10th Ave Arcadia, FL 34266
Remove 3) Change Add Remove	D	Jacv Penner	121 N 10th Ave Arcadia, FL 34266
4) Change Add	<u>S</u>	Vanessa Avalos	1640 SE Haven Dr. Arcadia, FL 34266
Remove 5) Change Add	<u>P</u>	Robert Bellflower	PO Box 2769 Arcadia, FL 34265
Remove 6) Change Add	VP	Laura Omar	PO Box 2769 Arcadia, FL 34266
Remove E. If amending or addir (attach additional shee) Add: Treasurer - Deberly	ts, if necessary).	rticles, enter change(s) here: (Be specific) x 2769 Arcadia, FL 34266	

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		· <u>-</u>
	Santambar 12, 2021	
The date of each amendment date this document was signed	(s) adoption: September 12, 2024	, if other than the
	September 12, 2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this doe Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amenda proval.	ment(s)

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 10/2/24
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)
<u> </u>
(Typed or printed name of person signing)
Secretary (Title of person signing)