## N22924

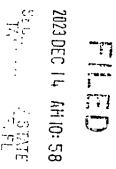
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION	The Terraces at Lake	e Placid Homeov	mers Associati	ion, Inc.		
DOCUMENT NUMBER:	N22924					
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.				
Please return all corresponde	ence concerning this matt	er to the followir	ıg:			
Susan Colley						
		(Name of Conta	ct Person)			_
Susan Colley, CPA, P.A.						
<u> </u>		(Firm/ Com	pany)		·	
505 W Interlake Blvd						
		(Addres	s)			
Lake Placid, FL 33852						
		(City/ State and	Zip Code)		<u> </u>	
susan@colleycpa.com						
E	-mail address: (to be used	l for future annua	il report notific	cation)	<del></del>	-
For further information conc	erning this matter, please	call:				
Susan Colley			863 at	465-6	473	
	(Name of Contact Person	)		de) (Dayı	ime Telephone Number)	_
Enclosed is a check for the f	ollowing amount made pa	1yable to the Flor	rida Departmei	nt of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	y C opy is C (/	52.50 Filing Certificate of Certified Cop Additional C Enclosed)	Status y	
Mailing A			Street Addr	<u>ess</u>		
Amendment Section Division of Corporations		Amendment Section Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED

The Terraces at Lake Placid Homeowners Association, Inc.

2023 DEC 14 AH 10: 58

Name of Corporation as currently filed with the	Florida Dept. of State)	517	<del> 10- 58</del>
N22294		TALL	P.ATE
(Docum	ent Number of Corporation (if kno	own)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation add	opts the following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.)			
		··	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u> </u>		
D. If amending the registered agent and/or regis	tared office address in Florida a	ntou the name of the	
new registered agent and/or the new registered		itter the hame of the	
Name of New Registered Agent:			
New Registered Office Address:	(Flor	ida street address)	<del></del>
		, Florida _	
	. (City)	(Zip Co	ode)
New Registered Agent's Signature, if changing R	egistered Agent:		
hereby accept the appointment as registered agent		he obligations of the po	sition.

Signature of New Registered Agent, if changing

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 12-12-23
Signature Many Kun Glange  (By the chairman or vice chairman of the foard, 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)
MACY LIM GEORGE (Typed or printed name of person signing)
Prescoky (Title of person signing)

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 S:	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	LADD, ED	15 CIDER HOUSE LANE BLUE RIDGE, GA 30513
x Remove			
2) Change Add	<u>D</u>	TELESCO, SEVERIO D	
X   Remove     Remove	<u>T</u>	WEEKS, JEFF	
4) Change Add	<u>T</u>	YEBBA, TABITHA	718 WEST AVENIDA DEL RIO CLEWISTON, FL 33440
Remove			
5) Change × Add	<u>P</u>	GEORGE, KIM	305 BEACH VIEW DR LAKE PLACID, FL 33852
Remove			
6) Change Add	VP	DENKHAUS, DAVID	310 BEACH VIEW DR LAKE PLACID, FL 33852
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			ta tipe ,
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						<del></del>
The date of eac date this docume	h amendment(s) adopt ent was signed.	ion:				_, if other than the
Effective date is	f applicable:	(no more than 90 day				
		(no more than 90 day	s after amendme	ent file date)		
Note: If the date document's effective	e inserted in this block d ctive date on the Departi	oes not meet the applicament of State's records.	able statutory fil	ing requirement	s, this date will not b	oe listed as the
Adoption of An	nendment(s)	( <u>CHECK ONE</u> )				
	ment(s) was/were adoptoutficient for approval.	ed by the members and	the number of ve	otes cast for the	amendment(s)	