# N23128

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: RIVERS	ide Village Association INC
DOCUMENT NUMBER:	128
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
MELODY S MAN	NING
, ,	(Name of Contact Person)
Riverside.	Village Association, INC. (Firm/Jompany) WY1
	(Firm/ Company)
9400 N US H.	wy1
	(Address)
SEBASTI	AN, FL 32958
	(City/ State and Zip Code)
Russaid VAG	Bellsouth. Net I for future annual report notification)
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, please	call:
MELODY S MANNING (Name of Contact Person	_
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building	

2661 Executive Center Circle

Tailahassee, Fl. 32301

#### Articles of Amendment to Articles of Incorporation

of

## RIVERSIDE VILLAGE ASSOCIATION, INC.

# (Name of Corporation as currently filed with the Florida Dept. of State) N23128 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: . Florida (Zip Code) (City) 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

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 Doc 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 D           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP_	Joseph Samprevivo	9400 NUS Highway
Add X Remove			32958
2) Change	<u>S</u>	RYAN Van BUREN	9400 NUS Haghway. SEBASTIAN, FL
Add Remove			SEBASTIAN, FL 32958
3)Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change Add			
Remove		Page 2 of 4	

(attach additional sheet.	s, if necessary). (Be specific)
<del></del>	
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E. If amending or adding additional Articles, enter change(s) here:

The	e date of each amendment(s) adoption: Scotimber 36, 3019 if other than the
	e this document was signed.
Effe	e date of each amendment(s) adoption: Stotember 26, 2019
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ada	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
Þ	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 $\frac{11/12/19}{}$
	Signature Delod D'acqui
	(By the chairman of 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)
	MELODY S MANNING (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)