

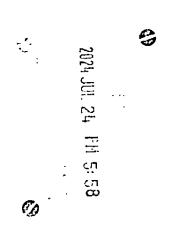
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200433621912

07/24/24--01017--010 **+0.71



COVER LETTER

TO: Amendment Section **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

MOSS LANDIN NAME OF CORPORATION:	G HOMEOWNERS ASSOCIATION, INC.
N24000004532 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Kristina Welburn	
	(Name of Contact Person)
Habitat for Humanity of Key West and Lower Flo	orida Keys, Inc.
	(Firm/ Company)
P.O. Box 5873	
	(Address)
Key West, FL 33040	
	(City/ State and Zip Code)
kwpeach@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Krisitna Welburn	305 295-0136 at
(Name of Contact Per	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Stat	& =\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\begin{align*}
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

MOSS LANDING HOMEOWNERS ASSOCIATION, INC.

Name of Corporation as currently filed with the N24000004532	e Florida Dept, of St	<u>ate</u>)		
	nent Number of Corpo	oration (if known)		
Pursuant to the provisions of section 617,1006, Flo innendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	rida Not For Profit (Corporation adopts the fo	ollowing
A. If amending name, enter the new name of the	e corporation:			
				The new
ame must be distinguishable and contain the word 'Company" or "Co." may not be used in the nam		ncorporated" or the	abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applica	22429 La	Fitte Drive		
Principal office address <u>MUST BE A STREET A</u>	IDD BEECK			
				
	 			3 5.3:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) 22429 La	a Fitte Drive	: · · · · · · · · · · · · · · · · · · ·	= .
		ey, FL 33040	ŗ	5
				<u></u>
	-			<u> </u>
 If amending the registered agent and/or registered agent and/or the new registered 		in Florida, enter th	_	ധ
	Alana Thurston		Ø	
Name of New Registered Agent:				
	22429 La Fitte Drive			
New Registered Office Address:		(Florida street	i address)	
New Neglocal Sales	Cudjoe Key		33040	
	(City)		, Florida (Zip Code)	
			1mp Concy	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		and accept the oblig	eations of the position.	
-	Signature of	New Registered Agei	nt, 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 Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change X Add	<u>P</u>	Alana Thurston	22429 La Fitte Drive Cudjoe Key, FL 33042
Remove			
2) Change Add	<u>V</u>	Amanda Caballero	22431 La Fitte Drive Cudjoe Key, FL 33042
Remove 3) Remove X Add Remove	<u>T</u>	Michael Scott Wiles	22409 La Fitte Drive Cudjoe Key, FL 33042
4) Change Add	<u>s</u>	Inkhnaton Brown	22441 La Fitte Drive Cudjoe Key, FL 33042
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
			

' '					
	•				. <u> </u>
					
					
					
					
					
			** *		
					· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·	-	
			· · · · · · · · · · · · · · · · · · ·	-	
		•			
	<u>-</u>				··
The date of each amendment(s) adoption	n·				if other than the
date this document was signed.	u		<u> </u>		, ii ouici uizii uic
unte uns document was signed.					
Effective date if applicable:					
Enterive date it applicable:	(no more than 90 da	vs after amena	ment file date)		· ·-
	THO MOTE MAIN 70 AU	is wher umenu	mem jue ume)		
Note: If the date inserted in this block doc	s not meet the annli	cable statutory	filing requirements	s, this date will no	t be listed as the
document's effective date on the Departme	ent of State's records	5.			
accuming a constant a many on the ar option					

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)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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)
Kristina Welburn
(Typed or printed name of person signing)
Incorporator/Agent
(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

MOSS LANDI NAME OF CORPORATION:	ING HOMEOWNERS ASSOCIATION, INC.
N24000004532 DOCUMENT NUMBER:	
 	
The enclosed Articles of Amendment and fee an	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kristina Welburn	
	(Name of Contact Person)
Habitat for Humanity of Key West and Lower F	Florida Keys, Inc.
	(Firm/ Company)
P.O. Box 5873	
	(Address)
Key West, FL 33040	
	(City/ State and Zip Code)
kwpeach@gmail.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	please call:
Krisitna Welburn	305 295-0136 at
(Name of Contact P	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303