## 124000006107

	(Re	questo	r's Nam	≘)	
	(Ad	dress)			
	_(Ad	dress)			
	1Cit	v/State	Zip/Pho	ne #)	
-	(Cit	yrState	#Zip#r iic	)(IC II)	
PICK-U	JP		WAIT		MAIL
	(Bu	siness	Entity N	lame)	
s where					
	(Do	cumer	it Numb	er)	<u></u> .
			Cartina	tos of	Status
Certified Copies	-	-	Cermica	ies oi	
		Citien			
Special Instruction	ns to	riing	Officer.		
<b>8</b> 1.77					
<del></del>		Off	ice Use	Only	
			.55 550	J,	

í,



500430091385

2024 JUN -5 AM 10: 28

RECEIVED

## FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/05/2024

NAME: LOCHSIDE HOMEOWNERS ASSOCIATION, INC.

TYPE OF FILING: AMENDMENT

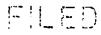
COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## Articles of Amendment to Articles of Incorporation of



LOCHSIDE HOMEOWNERS ASSOCIATION, INC.		2024 HM -5 AMIO: 28
(Name of Corporation as currently filed with the Florid	a Dept. of State)	The same of the total
N24000006107		
(Document Nur	nber of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable:		rated" or the abbreviation "Corp." or "Inc."
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>z</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAT BE A POST OFFICE BOX)	<del></del>	
	<u></u>	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Flor address:	ida, enter the name of the
Name of New Registered Agent:		
	<del></del>	(Floridu street address)
New Registered Office Address:		(Figral Sireer address)
		, Florida
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am	d Agent: familiar with and acc	ept the obligations of the position.
<del></del>	Signature of New Re	gistered 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 Do           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	VP	CASCIO, DAMON	2600 LAKE LUCIEN DR STE 350
× Remove			MAITLAND, FL 32751
2) × Change Add	DVP	FIDLER, ANDREA	2600 LAKE LUCIEN DR STE 350
Remove 3) Change Add Remove	<del></del>		MAITLAND, FL 32751
4) Change Add			
Remove  5) Change    Add    Remove			
6) Change Add			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

e e		
·	12.00	
		<u></u>
-		
		_
•		
m		if other than the
The date of each amendment(s) and date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amil.	endment(s)

.

pted by the l	board of directors.
Dated	JUNE 4, 2024
Signatu	(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)
	NORA SCHUSTER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

FILED 2024 JUN -5 AM 10: 28