From: Sheme Ode

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000359928 3)))



H220003599283ABC7

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055 Phone : (239)308-9191 Fax Number : (239)552-4185

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_LJS@SALVATORLLEGAL

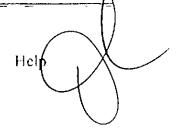
## COR AMND/RESTATE/CORRECT OR O/D RESIGN TOLL GATE COMMERCIAL CENTER PROPERTY OWNER'S ASSOCIA

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

20CT 20 AM 11: 3

Electronic Filing Menu

Corporate Filing Menu



and oct on AM R: LE

(((H220003599283)))

## Articles of Amendment to Articles of Incorporation

of

TOLL GATE COMMERCIAL CENTER PROPERTY OWN	ER'S ASSOCIATION,	, INC.
Name of Corporation as currently filed with the Florida I	Dept. of State)	
N27267		
(Document Numb	er of Corporation (if lan	own)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fol</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	. 20
	<del></del>	77.0
name must be distinguishable and contain the word "corpora	tion" or "incorporated	" or the abbraviation "Corn" or "Inc."
"Company" or "Co." may not be used in the name.	non or meorporatea	or me abbreviation corp. or me.
B. Enter new principal office address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS	)	
	<u> </u>	
C. Enter now welling address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)		
		<del></del>
D. 16		and an about the second of the
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		enter the name of the
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
NEW REGISTER Office Address.		
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		the obligations of the position.
Si	anature of New Reviste	red Agent, if changing

From: Sherrie Ode

## (((H22000359928 3)))

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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) x Change Add	<u>P, S. D</u>	LARRY GODE	6017 PINE RIDGE ROAD 22 380
Remove 2) <u>× Change</u> Add	<u>D</u>	BRITTANY TADYSAK	NAPLES, FL 34119 :
Remove 3) Change Add Remove			NAPLES, FL 34119
4) Change Add			
Remove  5) Change     Add     Remove			
6) Change Add			
E. If amending or additional she		icles, enter change(s) here: (Be specific)	

		(((H22000359928 3)))		
	<u> </u>			
***	<del></del>			
	<u> </u>			
		7.	2027	
		· .	007	7
		er e	20	~=·
		<u> </u>	,	
				()
		<del></del>	٠,٠	
			<u>Q</u>	
	<del></del>		<del></del>	
	date of each amendment(s) add this document was signed.	option:	, if other	than the
Effe	ctive date <u>if applicable:</u>			
	<del></del>	(no more than 90 days after amendment file date)		
	e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as	the:
Ado	ption of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes east for the amendment(s)		

(((H22000359928 3)))

There are no members or members emitted to vote on the arrandment(s). The amendment(s) was/were adopted by the board of directors.

Dated

Page: 6 of 6

OCTOBER 19, 2022

Signature

(By the 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)

LARRY GODE

(Typed or printed name of person signing)

PRESIDENT

(Title of person aigming)

2022 OCT 20 AM 8: 46