N31049

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SERVE MANAGEME	NT ASSOCIAT	TON, INC.
DOCUMENT NUMBER: N31089			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Kriston Nottingham			
	(Name of Contact P	erson)	
Access Management			
· · · · · · · · · · · · · · · · · · ·	(Firm/ Compan	y)	
2970 University Parkway, Suite 101			
	(Address)		
Sarasota, FL 34243			
	(City/ State and Zip	Code)	
opma@accessdifference.com			
E-mail address: (to be us	sed for future annual re	port notification	i)
For further information concerning this matter, plea	ase call:		
Kriston Nottingham	at	407	480-4200 ext 1007
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status		Certifi is Certifi	Difiling Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		reet Address mendment Secti	on .

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

Articles of Amendment to Articles of Incorporation

THE OAKS PRESERVE MANAGEMENT ASSOCIATION, INC.

Name of Corporation as currently filed with the	e Florida l	Dept. of State)	
N31089			
(Docum	nent Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flo imendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporat	tion:	
			The new
ame must be distinguishable and contain the word 'Company" or "Co." may not be used in the nam		tion" or "incorporated	I" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applica	ıble:	2970 University Park	tway, Suite 101
Principal office address <u>MUST BE A STREET A</u>) Sarasota, FL 34243	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	2970 University Parl	kway, Suite 101
		Sarasota, FL 34243	
). If amending the registered agent and/or regi			
new registered agent and/or the new register			, enter the name of the
Name of New Registered Agent:	Access M	fanagement	
- Indiana de la companya de la compa	2970 Uni	versity Parkway, Suite	101
		(F)	lorida street address)
New Registered Office Address:			
	Sarasota		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing leading the hereby accept the appointment as registered agent			the obligations of the position.
-	5	ionature of New Regist	ered 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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add		_	
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add		<u> </u>	
Remove			<u> </u>
5) Change Add			- · · · · · · · · · · · · · · · · · · ·
Remove			
6) Change Add		_	
Remove			
E. If amending or add (attach additional sh	ing additi eets, if nec	onal Articles, enter change(s) here: essury). (Be specific)	}

Please remove anything with Lighth	buse Management on it.	
		
<u> </u>		
		
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		, - c
The date of each amendment(s) addate this document was signed.	option: 10/1/2023	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment f	file date)
Note: If the date inserted in this blo document's effective date on the Dep		requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes i.	cast for the amendment(s)

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10/1	1/2023					
Dated	·					
		\ A	\mathbf{T}			
Signature	٠,	$\sim \!\! \mathcal{N}^{<}$	7)	~~~		
(By the	the chairman or vice	chairman of	the board, p	resident or ot	her officer-if	directors
	o not been selected,					
					a receiver, tr	usice, or
	er court appointed fi					ustee, or
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