

N34724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

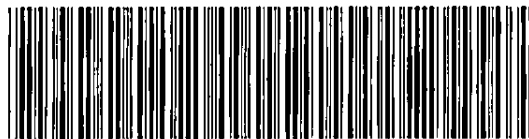
(Document Number)

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3-18-24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2024

ELENA KUKSA  
130 GULFVIEW DR  
ISLAMORADA, FL 33036

SUBJECT: WHITE MARLIN BEACH PARK ASSOCIATION, INC.  
Ref. Number: N34724

We have received your document for WHITE MARLIN BEACH PARK ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check one of the adoption of amendment boxes, as well as date and sign the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 924A00004913

*Rec'd  
3-18*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: White Martin Beach Park Assoc.

DOCUMENT NUMBER: N 34724

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elena Kuksa

(Name of Contact Person)

(Firm/ Company)

130 Gulfview Dr.

(Address)

Islamorada, FL 33036

(City/ State and Zip Code)

WMBPA300@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elena Kuksa

(Name of Contact Person)

at 704-458-9309

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

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

**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

(Name of Corporation as currently filed with the Florida Dept. of State)  
N34724

(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:

The new 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)

130 Gulfview Dr.  
Islamorada, FL

33036

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

130 Gulfview Dr.  
Islamorada, FL 33036

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:

Elena Kuksa

New Registered Office Address:

130 Gulfview Dr

(Florida street address)

Islamorada

(City)

Florida 33036  
(Zip Code)

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.

EKuksa

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 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:

|  |    |             |
|--|----|-------------|
| <input checked="" type="checkbox"/> Change | PT | John Doe    |
| <input checked="" type="checkbox"/> Remove | V  | Mike Jones  |
| <input checked="" type="checkbox"/> Add    | SV | Sally Smith |

Type of Action  
(Check One)

Title

Name

Address

- |  |      |                |  |
|--|------|----------------|--|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add                                    | Mr P | Robert Morales | 241 Gulfview Dr<br>Islamorada FL 33031 |
| <input type="checkbox"/> Remove  |      |                |  |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add                                    | V    | Maria Sanchez  | 165 Nautilus Dr<br>Islamorada, FL 3303 |
| <input type="checkbox"/> Remove  |      |                |  |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | T    | Elena Kuksa    | 130 Gulfview Dr<br>Islamorada, FL 3303 |
| 4) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove |      |                |  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |      |                |  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |      |                |  |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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*[Handwritten signature]*

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.

- ☐ 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 3.14.24

\* Signature E. Kuksa

(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)

\* Elena Kuksa  
(Typed or printed name of person signing)

\* Treasurer  
(Title of person signing)