## N 38581

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations Pine Lakes Homeowners Association II, Inc. NAME OF CORPORATION: N38581 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bruce L. Wrede (Name of Contact Person) Pine Lakes Homeowners Association II, Inc. (Firm/ Company) 10286 Sugar Mill Ct. (Address) North Fort Myers Florida 33903 (City/ State and Zip Code) WredeHOAII@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bruce L. Wrede 819-4194 (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

**Mailing Address** 

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

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is Enclosed)

## Articles of Amendment to Articles of Incorporation of

FILED

Pine Lakes Homeowners Association II. Inc. 2021 SEP -2 PH 4: 18 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETATION OF STATE N38581 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address; , Florida (City) (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.

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: X.Change X. Remove X. Add | <u>PT</u><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith                       |  |
|------------------------------------|------------------------------------|---|--|
| Type of Action<br>(Check One)      | Title                              | <u>Name</u>   | <u>Addres</u> s                                  |
| Ċ                                  |                                    |   |  |
| 1) Change Add                      | <u>SD</u>                          | Robert Konetzny   | North Fort Myers Fl. 33903                       |
| × Remove                           |                                    | <del>-</del>  |  |
| 2) Change Add                      | SD                                 | Elizabeth White   | North Fort Myers Fl. 33903                       |
| Remove  3 )                        | D                                  | Jackie Bartilucci   | 10905 Lone Palm Ct<br>North Fort Mvers Fl. 33903 |
| 4) Change Add                      |                                    |   |  |
| Remove                             |                                    |   |  |
| 5) Change Add                      |                                    |   |  |
| Remove                             |                                    |   |  |
| 6) Change Add                      |                                    |   |  |
| Remove                             |                                    |   |  |
|                                    |                                    | onal Articles, enter change(s) here: essary). (Be specific) |  |
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| The date of each amendment(s) adoption: 3/23/2021  | he |
| 3/23/2021  |    |
| 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.   |    |

 $\hat{\boldsymbol{x}}_{i,j} = \hat{\boldsymbol{x}}_{i,j} + \hat{\boldsymbol{x}}_{i,j$ 

| Dated    |  |
|----------|--|
| Traced   |  |
| Signatur | re True Luricle  |
| -        | (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) |
|          | Bruce L. Wrede   |
|          | (Typed or printed name of person signing)  |
|          | •  |