

N 43813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

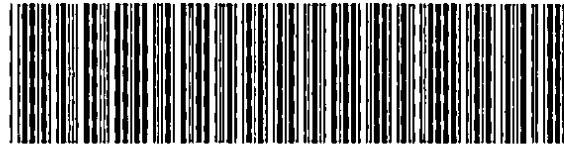
(Business Entity Name)

(Document Number)

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COVER LETTER

Amendment Section
Division of Corporations

Hills of Lake Mary Homeowner's Association, Inc.

CORPORATION:

N43813

IDENTIFICATION NUMBER:

Enclosed *Articles of Amendment* and fee are submitted for filing.

Return all correspondence concerning this matter to the following:

Sigmond Mahoney, LEAN

(Name of Contact Person)

Association Management of Central Florida Inc.

(Firm/ Company)

401 W. Lake Mary Blvd.

(Address)

Lake Mary, FL 32746

(City/ State and Zip Code)

sigmond.mahoney@premiermgmtcfl.com

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

For further information concerning this matter, please call:

Maureen Holbrook

32746

407-333-7787

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
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

the Mary Homeowner's Association, Inc.

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

(Document Number of Corporation (if known))

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:

ending 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." or "Co." may not be used in the name.

enter new principal office address, if applicable:

N/A

principal office address MUST BE A STREET ADDRESS)

enter new mailing address, if applicable:

N/A

mailing address MAY BE A POST OFFICE BOX)

**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:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

g the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, i of each Officer and/or Director being added:
 itional sheets, if necessary)
 the officer/director title by the first letter of the office title:
 ent; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
 Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office
 dent, Treasurer, Director would be PTD.

ould be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is
 Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,
 es, V as Remove, and Sally Smith, SV as an Add.

:
 ge PT John Doe
 ove V Mike Jones
 l SV Sally Smith

<u>Action</u> (One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change	<u>P</u>	<u>Mario Pietrucci</u>	<u>3112 W. Lake Mary Blvd.</u>
<input type="checkbox"/> Add			<u>Lake Mary, FL 32746</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change	<u>T</u>	<u>James Kingsland</u>	<u>3112 W. Lake Mary Blvd.</u>
<input type="checkbox"/> Add			<u>Lake Mary, FL 32746</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
i) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

N/A

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

re no members or members entitled to vote on the amendment(s). The amendment(s) was/were
d by the board of directors.

Dated 09/17/2020 _____

Signature Mario Pietrucci
(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)

Mario Pietrucci
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)