N45928

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Rue	iness Entity Nar	ne)
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

GROUP AT MOORING MAME OF CORPORATION:	GS OWNERS ASSO	OCIATION, I	NC.
N45928 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Mika Alexoudis			
(N	ame of Contact Per	son)	
Group at Moorings Owners Association, Inc.			
	(Firm/ Company)	·	
39 Lighthouse Pt.			
	(Address)		
Crawfordville / FL 32327			
(Ci	ity/ State and Zip C	ode)	
malexoudis@gmail.com			
E-mail address: (to be used fo	r future annual repo	ort notification)
For further information concerning this matter, please cal	11:		
Mika Alexoudis	at	910	777-1206
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ble to the Florida D	epartment of S	State:
(\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)

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

Fige

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Articles of Incorporation of

GROUP AT MOORINGS OWNERS ASSOCIAT	TION, INC.		6.76 31.6m	
(Name of Corporation as currently filed with th	e Florida D	ept. of State)	TALL: 1183	EE, FL
N45928				
(Docur	ment Numbe	r of Corporation (i	if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute:	s, this <i>Florida Not</i>	t For Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the N/A	ie corporati	<u>on:</u>		Tt
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorpor		The new r "Inc."
B. Enter new principal office address, if applica	able:	N/A		
(Principal office address <u>MUST BE A STREET</u> A	ADD BECCS	N/A		
		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	39 Lighthouse Pt		
		Crawfordville, FL	. 32327	
	•	N/A		
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered offic red office ac	e address in Flori ldress:	ida, enter the name of the	
Name of New Registered Agent:	N/A			
	N/A			
New Registered Office Address	<u>:</u>		(Florida street address)	
	N/A		, Florida N/A	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			cept the obligations of the position.	
-	Sig	ndure of New Reg	gistered 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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>T</u>	alexoudis, mika & emily	39 lighthouse pt tallahassee, ff 32327
× Remove			
2) Change Add	D	Mika Alexoudis	39 Lighthouse Pt Crawfordville, FL 32327
Remove 3) × Change Add Remove	D	Pam Fisher	28 Lighthouse Pt Crawfordville, Ft, 32327
4) × Change Add	PD	Lee Rust	22 Lighthouse Pt Crawfordville, FL 32327
Remove			
5) Change Add	<u>N/A</u>	<u>N/A</u>	N/A
Remove			
6) Change Add	<u>N/A</u>	<u>N/A</u>	N/A
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

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The date of each amendment date this document was signed	s) adoption:	, if other than the
Effective date if applicable:	5/19/2022	
Enective date it applicable:	(no more than 90 days after amendment f	île date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing. Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	re adopted by the members and the number of votes roval.	cast for the amendment(s)

() · · · · · ·

Dated	5/19/2022
Signatu	re
	(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. Educiary by that fiduciary)
	$A \cap A$
	Pam Fisher Of Avice
	(Typed or printed name of person signing)
	Director (+