## N47974

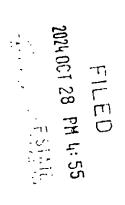
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

44 Gables Owners NAME OF CORPORATION:	s Association, Inc.		
N47974 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st			
Please return all correspondence concerning this ma	atter to the following:		
Rebeca Rivera			
	(Name of Contact Pers	son)	
Parent Management Co., Inc.			
	(Firm/ Company)		
P.O. Box 492228			
	(Address)	_	
Leesburg, FL 34749-2228			
	(City/ State and Zip Co	ode)	,,
hoa@parentmgmt.com			
E-mail address: (to be us	sed for future annual repor	rt notificatio	
For further information concerning this matter, plea	ise call:		
Rebeca Rivera	at	352	787-2700 ext 227
(Name of Contact Pers	on) (	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amei Divis	et Address ndment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

44 Gables Owners Association, Inc.

FILED 2024 OCT 28 PH 4: 55

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

N47974

(Docume	ent Number of Corporation	(if known)
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the N/A	corporation:	
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name.	"corporation" or "incorpor	The new atted " or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab	N/A	
(Principal office address <u>MUST BE A STREET AI</u>		
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>OX</i> ) N/A	
	N/A	
	N/A	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		ida, enter the name of the
	N/A	
	 N/A	
- <u>New Registered Office Address</u> :		(Florida street address)
	N/A	, Florida N/A
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		cept the obligations of the position.
<u> </u>	Signature of New Re	egistered 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> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change Add	S	Victoria Berry	2800 Gables Dr Eustis, FL 32726
X Remove			
2) × Change Add	T	Michael Chicarelli	2800 Gables Dr Eustis, FL 32726
Remove 3) X Change Add Remove	SD	Thomas Stapelkamp	2800 Gables Dr Eustis, FL 32726
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<del></del>
E. If amending or addir (attach additional shee	ng addition	onal Articles, enter change(s) here: essary). (Be specific)	
N/A			<del></del>
			· · · · · · · · · · · · · · · · · · ·

	<del></del>	
	· ·	
<del></del>		
		<del></del>
The date of each amendment(s) adoption: date this document was signed.	10/21/2024	, if other than the
·		
(no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does redocument's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s) (Q	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

	the board of directors.
Dat	
Sio	nature
သဋ	(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)
	Josh Bradshaw
	(Typed or printed name of person signing)
	President