N48416

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Black Pointe Property Owners Associa	tion, Inc.	· - ·		
DOCUMENT NUMBER: N48416				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following	;			
P. Michelfe Freeman				
(Name of Contact	Person)			
Fleet, Smith & Freeman				
(Firm/ Compa	iny)			
1283 Eglin Parkway, Suite A				
(Address)				
Shalimar, FL 32579				
(City/ State and Zi	p Code)			
michelle@fleetsmithlaw.com				
E-mail address: (to be used for future annual r	eport notification	n)	<u> </u>	
For further information concerning this matter, please call:				
P. Michelle Freeman	850	651-4006		3.5
(Name of Contact Person)	(Area Code)	(Daytime Telephone N	umber) 💯	9523 AU 3
Enclosed is a check for the following amount made payable to the Florida			 i	316
S35 Filing Fee	e & □\$52.50 Certifi : is Certifi) Filing Fee icate of Status ied Copy ional Copy is	· CAPE	6 rif 1:24

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)	
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For Profit Corporation</i> adopts t	he followin
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated" or the abbreviation "Corp.	The new
3. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AL</u>	ole: DDRESS)	<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>OX</u>)	_
 If amending the registered agent and/or register 	ered office address in Florida, enter the name of the	-
new registered agent and/or the new registered	l office address:	
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(Florida street address)	10 S
_	(City) . Florida	'-
ew Registered Agent's Signature, if changing Registered Agent. sereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.	NOTE:
-	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> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			5. Cive
6) Change Add		·	 ,
Remove			
E. <u>If amending or adding</u> (attach additional sheet	additions. if neces	nal Articles, enter change(s) here: sary). (Be specific)	
Article 2(b): Affix, levy, a	nd collec	t, and enforce payment by any lawful means of, all ch	rges and assessments pursuant to
		ay all expenses in connection therewith, and all office	
		iation, including all licenses, taxes or governmental cl	· · - · - · - · - · · - · · · · ·
against the property of the			
Article 2(e): DELETE			

Article 2(f): DELETE		
Article V: DELETE		
Article X: DELETE		
		
		
		
		TALL if other than the
The date of each amendment(s) adoption	n:	
date this document was signed.		if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		<u> </u>
document's effective date on the Departme	es not meet the applicable statutory filing requirements, this ent of State's records.	s date will not beilisted as the
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 at Vily 2023
Signature (Parthe stein)
(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)
ROBERT J. P.CHARD IN
(Typed or printed name of person signing)
- Resident Alleka Pointer Ba

(Title of person signing)