

N49487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

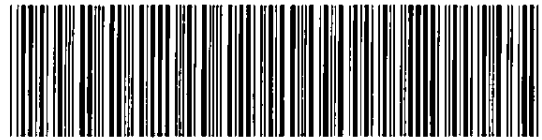
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Jan 1

Me



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2024

Steve Adamczyk
4501 Tamiami Trail North, Suite 350
Naples, FL 34103 US

SUBJECT: LE CIEL VENETIAN TOWER ASSOCIATION, INC.
Ref. Number: N49487

We have received your document for LE CIEL VENETIAN TOWER ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I have received your corrections. However, to file it - you will need to send in an additional \$10. Non profit amendments cost \$35, and you sent in the price for an LLC which is only \$25. Once the additional \$10 is Received, I will be able to file your amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 024A00025696

Received January 1, 2025

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1. EPD

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CORPORATIONS
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2024

STEVE ADAMCZYK
4501 TAMiami TRAIL NORTH, SUITE 350
NAPLES, FL 34103

SUBJECT: LE CIEL VENETIAN TOWER ASSOCIATION, INC.
Ref. Number: N49487

We have received your document for LE CIEL VENETIAN TOWER ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

AN ADDITIONAL \$10.00 IS REQUIRED TO FILE THE NON-PROFIT AMENDMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Wanite A Mills
Regulatory Specialist II

Letter Number: 424A00019308

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TALLAHASSEE, FL

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SEP 19 24

COVER LETTER

you have a non-profit
not an LLC

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LE CIEL VENETIAN TOWER ASSOCIATION, INC.

DOCUMENT NUMBER: N49487

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVE ADAMCZYK

(Name of Contact Person)

VARNUM LAW

(Firm/ Company)

4501 TAMiami TRAIL NORTH, SUITE 350

(Address)

NAPLES, FL34103

(City/ State and Zip Code)

sjadamczyk@varnumlaw.com

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

For further information concerning this matter, please call:

STEVE ADAMCZYK

at

239

241-7384

(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

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Articles of Amendment
to
Articles of Incorporation
of

LE CIEL VENETIAN TOWER ASSOCIATION, INC

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

N49487

(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:

The new 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: N/C

4501 Tamiami trail North, Suite 350

(Florida street address)

New Registered Office Address:

Naples

(City)

Florida 34103

(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

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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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
2) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
3) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
4) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
5) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____
6) ☐ Change ☐ Add ☐ Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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.

- ☒ 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 August 21, 2024

Signature _____

(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)

Barry Coutant, President

(Typed or printed name of person signing)

Barry Coutant pres

(Title of person signing)

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TALLAHASSEE, FL

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