

N95 000 000 359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

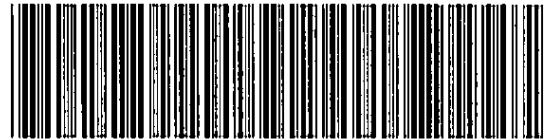
Special Instructions to Filing Officer:

J. HORNE

SEP 13 2022

8/5

Office Use Only



600385974196

0 1 2 3 4 5 6 7 8 9 \* \* 0 1 2 3

FILED  
2022 AUG -5 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2022

RICHARD WOOD  
290 NW 165 ST  
SUITE M600  
MIAMI, FL 33169 US

RECEIVED  
AUG 05 2022

SUBJECT: SPRUCE CREEK BUSINESS CENTER PROPERTY OWNERS  
ASSOCIATION, INC.

Ref. Number: N95000000359

We have received your document for SPRUCE CREEK BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 722A00016451

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SPRUCE CREEK BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.

DOCUMENT NUMBER: N95000000359

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

Please return all correspondence concerning this matter to the following:

Richard Wood

\_\_\_\_\_  
(Name of Contact Person)

GKI Ventures LLC

\_\_\_\_\_  
(Firm/ Company)

290 NW 165 St, Suite M600

\_\_\_\_\_  
(Address)

Miami, FL 33169

\_\_\_\_\_  
(City/ State and Zip Code)

richard@solutions-re.com

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

For further information concerning this matter, please call:

Richard Wood

305

742-8864

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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED

2022 AUG -5 PM 3:20

SPRUCE CREEK BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

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

N95000000359

(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)

290 NW 165 St

Suite M600

Miami, FL 33169

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

290 NW 165 St

Suite M600

Miami, FL 33169

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: Richard Wood

808 NE 73 St

(Florida street address)

New Registered Office Address:

Miami

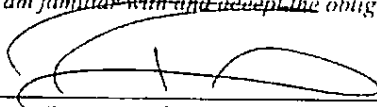
(City)

Florida 33138

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P</u>	<u>LANE, GLENN E</u>	<u>10935 SE 177TH PLACE, #305</u> <u>SUMMERFIELD, FL 34491</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>VPD</u>	<u>POTAPOW, MIKE</u>	<u>17890 S US HWY. 441</u> <u>SUMMERFIELD, FL 34491</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Chen Nagid</u>	<u>290 NW 165 St</u> <u>Suite M600</u> <u>Miami, FL 33169</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>VP</u>	<u>Potapow, Kevin</u>	<u>17890 US Hwy 441</u> <u>Summerfield, FL 34491</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>S</u>	<u>Jamie Montera</u>	<u>95 Forest Avenue</u> <u>Locust Valley, NY 11560</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>

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

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

---



---



---



---




---

☒ 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 September 9, 2022

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)

Chen Nagid

(Typed or printed name of person signing)

President

(Title of person signing)