N95000002366

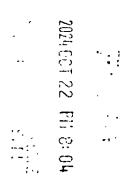
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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10/01/24--01009--018 **85.00





COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Lake Alto Estates Association, Inc. N95000002366 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lisa Faulk
(Name of Contact Person) Secretary of Lake Alto Estates Assoc., Inc.
(Firm/Company) 14020 NE County Road 1471 Waldo, FL 32694
(City/ State and Zip Code) (City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Connie Mitchell at 352-359-3044

(Area Code) (Daytime Telephone Number) Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsup \$43.75 Filing Fee & \Bigsup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) 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

(Name of Corporation as currently filed with the Florid	la Dept. of State)
Lake Alto Estates Assoc., I	inc N9500000 23/6/6 Fil 8:04
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Staramendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	. Inc. Water Department"
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	14070 NE County Road 1471
(Principal office address MUST BE A STREET ADDRES	ss) waldo, FL 32694
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
new registered agent unaway the new registered onto	N/A
Name of New Registered Agent:	17177
New Registered Office Address:	(Florida street address)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent:
-	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	PT John De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	800	Foster, Dorothy	13516 NE CR 1471 waido, FL 33694 (Deceased)
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addir (attach additional shee	rts, if necessary).	icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: $9/24/2024$, if other than the
The date of each amendment(s) adoption: 4124 2024 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.

3	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 9/24/2024		
	Signature Lamo Fault		
	(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)		
	James Fauje		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		