## N95000003597

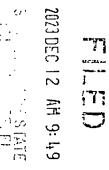
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## COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: The Residen	ences at Pelican Isle Yac	ht Club Condomir	ium Association, Inc.
DOCUMENT NUMBER: N95000003597			
The enclosed Articles of Amendment and fo		g.	
Please return all correspondence concerning	this matter to the follow	ving:	
Robert Samouce			
	(Name of Cor	ntact Person)	
Samouce & Gal, P.A.			
	(Firm/ Co	ompany)	
3060 Tamiami Trail N., Suite 202			
· · · · · · · · · · · · · · · · · · ·	(Add	ress)	,
Naples, Florida 34103			
	(City/ State ar	nd Zip Code)	
RobSamouce@sandglawfirm.com			
E-mail address: (	to be used for future and	mal report notifica	tion)
For further information concerning this mate	er, please call:		
Robert Samouce		at 239	596-9522
(Name of Conto	ict Person)	(Area Cod	e) (Daytime Telephone Number)
Enclosed is a check for the following amoun	it made payable to the F	lorida Department	of State:
□ \$35 Filing Fee ■\$43.75 Filin Certificate o		copy Cer copy is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is aclosed)
Mailing Address  Amendment Section		Street Address Amendment Se	
Division of Corporations		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

The Residences at Pelican Isle Yacht Club Condominium Association, Inc.

FILED

(Name of Corporation as currently filed with the FI	orida Dept. of State)	2022 000
N95000003597		2023 DEC 12 AH 9:
(Document	Number of Corporation (if known)	Tallel . OF ser
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Co	prporation adopts the following
A. If amending name, enter the new name of the co	erporation:	
The Residences at Pelican Isle Condominium Associa	tion, Inc.	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the al	obreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )	
D. If amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent:		name of the
wane of then regimered agen.		
New Registered Office Address:	(Florida street a	ddress)
		. Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ions of the position.
<del></del>	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
l) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<del></del>
E. If amending or addin (attach additional shee	g additions, if nece	onal Articles, enter change(s) here: essary). (Be specific)	
		·····	
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	<u></u>
The date of each amendment(s) adoption: March 23, 2023 date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	its, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	
Signa	rure Hud Watson
	(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)
	Keith Watson
	(Typed or printed name of person signing)

(Title of person signing)

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: The Residences at P	elican Isle Yacht Club	o Condominiun	n Association, Inc.
DOCUMENT NUMBER:	N95000003597		<del></del>	
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
Robert Samouce				
		(Name of Contact Pe	erson)	· · · · · · · · · · · · · · · · · · ·
Samouce & Gal, P.A.			<u> </u>	
		(Firm/ Company	<b>'</b> )	
3060 Tamiami Trail N., Sui	ite 202			
	<del></del>	(Address)	-	
Naples, Florida 34103				
		(City/ State and Zip (	Code)	
RobSamouce@sandglawfir	m.com			
	-mail address: (to be use	for future annual rep	ort notification	<u> </u>
For further information cond	cerning this matter, please	e call:		
Robert Samouce		at	239	596-9522
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made p	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee	≅\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	Address	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303