## NA SOCOODIES

(Requestor's Name)
(Address)
(Address)
,
(City (C)) + (City
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400319222694

10/16/18--01002--022 \*\*35.00

18 OCT 16 PH 4:50

OCT 1 9 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Marker	Lake Villas	Neighbori	rook Associatio
DOCUMENT NUMBER:		J	
The enclosed Articles of Amendment and fee are submit			
Please return all correspondence concerning this matter t			
Posts	and Rice		
<u>, , , , , , , , , , , , , , , , , , , </u>	Name of Contact Person	1)	
C			
	-		
	(Firm/ Company)		
		_	
215	O Stacil	Circle	
	(Address)		
ω.	, –,	24.00	
	oles FL City/ State and Zip Cod	39107	<del></del> -
(0	Jity/ State and Zip Cod	e)	
hachase	880 CM	ract net	
E-mail address: (to be used for	or future annual report	notification)	
For further information concerning this matter, please ca	ш.		
By hora Rice		239 2	93-3833
Barbara Rice. (Name of Contact Person)	at(A	rea Code) (Daytir	ne Telephone Number)
Enclosed is a check for the following amount made paya	ible to the Frontia Depa	artificate (if State).	
\$35 Filing Fee □\$43.75 Filing Fee & □ \$43.75 Filing Fee & □		□\$52.50 Filing I	
Certificate of Status	Certified Copy (Additional copy is	Certificate of S Certified Copy	
	enclosed)	(Additional Co	
	•	Enclosed)	
Mailing Address	Street	Address	
Amendment Section		Iment Section	
Division of Corporations		on of Corporations	
P.O. Box 6327 Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

	of	
MARKER LAKE VILLAS NEIGHBO	ORHOOD ASSOCIA	TION, INC.
(Name of Corporation as current)	y filed with the Florida	Dept. of State)
N98000	0000768	
	r of Corporation (if know	m)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on;	
<i>NA</i>		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" o	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2158	Stacil Circle
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Naples	Stacil Circle FL 34109
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2158 S Naplec	Stocil Circle FL 34109
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		
Name of New Registered Agent:	Barbara	Mice Si 5
<u>New Registered Office Address</u> :	2158 St	Rice SS B A A STREET Address)  Florida 3 4/09
<del></del>	Naples (City)	(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.

Barbara Rice
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>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change Add	S	Fran Shipman	2238 Stacil Circle Naples FL 34109
Remove 2) Add	P	Banbara Rice	2158 Stacil Circl Naples FL 34/09
Remove 3 ) Add Remove	<u>T</u>	Ken Bedford	2134 Stacil Circle Naples FL 34109
4) Change Add Remove	V D	Dale Stoerchle	2202 Stail Circle Napler FL 34109
5) Change Add Remove		Gwen Van Loo_	2274 Stacil Circle Naples FL 34109
6) Change Add Remove			

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
(attach additional sheets, if necessary).	(Be specific)				
1					
NA			· <u> </u>		
-					
	<u> </u>				
			<u></u>		_
	<u> </u>				
				<u> </u>	
					•
			<u> </u>		
					-

The date of each amendment(s) ad-	option:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes east for the ame.	endment(s)
☐ There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) wrs.	ras/were
Dated	16.4-18	
Signature	Barbone Rici	
have not bee	nan or vice chairman of the board, president or other officer-if n selected, by an incorporator – if in the hands of a receiver, tru ppointed fiduciary by that fiduciary)	
	Barbara Rice (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	<del></del>