## N9900003409

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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Riverside Associates	s Homeowners' Association, Inc.
N9900003409  DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
London L. Bates, Esquire	
	(Name of Contact Person)
Riverside Associates Homeowners' Association, Inc.	
	(Firm/ Company)
P. O. Box 1143	
	(Address)
Carrabelle, FL 32322	
	(City/ State and Zip Code)
london@londonbateslaw.com	
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, please	eall:
London L. Bates	727 734-8700
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED
2021 JUL 12 PM 1-23

Riverside Associates Homeowners' Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State
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N99000003409

(Docur	ment Numbe	r of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	s, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	ie corporatio	on:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorporated	The new I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(_ <i>BOX</i> )	Riverside Associates	Homeowners' Association, Inc.
		P. O. Box 1143	
	•	Carrabelle, FL 3232	22
D. If amending the registered agent and/or reginew registered agent and/or the new register			enter the name of the
Name of New Registered Agent:	Chuck Syv	erson	
	401 St. Jan	nes Avenue, Unit 5	
New Registered Office Address:		(F)	orida street address)
	Carrabelle		. Florida 32322
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		ulliar with and accept	the obligations of the position.

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 Do           V         Mike Jo           SV         Saliy Sr	<u>enes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change Add	<u>T</u>	Michael Palmisano	P. O. Box 291 Carrabelle, FL 32322
* Remove			
2) Change Add	<u>T</u>	London L. Bates	P. O. Box 1143 Carrabelle, FL 32322
Remove 3 ) Remove Add Remove	NEW CORLECTION		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
Effective date if applicable: (no more than 90 days after amena	lment file date)	· · · · · ·
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not b	oe listed as the

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 $\frac{7/8/21}{h_{\text{total}}}$
(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)
Chuck Syverson
(Typed or printed name of person signing)
President and Registered Agent
(Title of person signing)