P210000 83289

(Re	equestor's Name)	
(Ad	ldress)	, <u>-</u>
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEL LIDO MANO	OR HOA, INC.	· in the state of
DOCUMENT NUM	P21000083289		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Holly Sauer		
		Name of Contact Person	1
		Firm/ Company	
	1101 Bel Air Drive, D		
		Address	
	Highland Beach, FL 33487		
		City/ State and Zip Code	e e e e e e e e e e e e e e e e e e e
	bellidomanorcondo@gmail.c	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Holly Sauer		at (561	702-4122
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

BEL LIDO MANOR HOA, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000083289	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Bel Lido Manor Condominium Association, Inc.	The new
name must be distinguishable and contain the word "corporation," "contine" or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	
Name of New Registered Agent NA	1 12 12 Page
(Florida stre	et address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A
Signature of New Revistered Agent, if changing

(City)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

P = President; V = Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	, if neces rector tit Presiden = Chief F rector wo l in the fo wes the c	sary) tle by the firit: T= Trea Financial O ould be PTI ollowing me corporation	rst letter of the office title: isurer; S= Secretary; D= Dire ifficer. If an officer/director ho D. anner. Currently John Doe is n, Sally Smith is named the V o	ector; TR= Trustee; C = Chairman or Clerk; CEO olds more than one title, list the first letter of each off listed as the PST and Mike Jones is listed as the V. and S. These should be noted as John Doe, PT as a	fice held. There is
Example: X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	
I) Change					
Add					
Remove					
2) Change					
Add					
Remove Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					

____ Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

	additional Arti ts, if necessary).	(Be specific)	N/A		
					
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f an amendment pro- provisions for imple	<u>vides for an exct</u> menting the ame	nange, reclassific endment if not co	ation, or cancellat ntained in the am	ion of issued shares, endment itself:	ı
(if not applicable.	, indicate N/A)	. (
	N	/ / A			
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	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		1
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirement epartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareh	nolder action and shareholder
☐ The amendment(s) was/were adby the shareholders was/were s	opted by the shareholders. The number of votes cast for the an ufficient for approval.	nendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	ing statement nt(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/24/202 Dated		
Signature	lally Laur	
(By a c	lirector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ited fiduciary by that fiduciary)	enot been other court
	Holly Sauer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	