

N21000011443  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : MACFARLANE FERGUSON & MCMULLEN  
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2022 JUN 23 AM 8:17

676077001654  
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2022 JUN 23 AM 11:34

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
LET US DO GOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	<del>05</del> 06
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A. RAMSEY  
JUN 24 2022



June 21, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LET US DO GOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.  
261 HYLAN BLVD  
STATEN ISLAND, NY 10306

SUBJECT: LET US DO GOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.  
REF: N21000011443

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

FAX Aud. #: B22000212586  
Letter Number: 222A00013951

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FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

2022 JUN 23 AM 11: 34

LET US DO GOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.

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

N21000011443

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable: 2361 HYLAN BLVD  
(Principal office address MUST BE A STREET ADDRESS) STATEN ISLAND, NY 10306

C. Enter new mailing address, if applicable: 2361 HYLAN BLVD  
(Mailing address MAY BE A POST OFFICE BOX) STATEN ISLAND, NY 10306

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: \_\_\_\_\_  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>PD</u>	<u>JEANNA DELLARAGIONE</u>	<u>2361 HYLAN BLVD</u> <u>STATEN ISLAND, NY 10306</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>VPD</u>	<u>MATTHEW MAHONEY</u>	<u>2361 HYLAN BLVD</u> <u>STATEN ISLAND, NY 10306</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>JUSTIN KIERNAN</u>	<u>2361 HYLAN BLVD</u> <u>STATEN ISLAND, NY 10306</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

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Lined area for text entry.

The date of each amendment(s) adoption: \_\_\_\_\_, 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.

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- 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 June 22, 2022

Signature *Jeanna Della Ragione*  
(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)

JEANNA DELLARAGIONE  
(Typed or printed name of person signing)

PRESIDENT and DIRECTOR  
(Title of person signing)

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