

N24884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800363232878

Amend

04/12/21--01014-- 029 **35.00

FILED
2021 JUN 21 AM 8:58

JUN 22 2021
A RAMSEY

*00789, 01169, 00707, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 21 PM 1:15

2021 JUN 21 PM 1:15
TALLAHASSEE, FL

June 4, 2021

JOANN BOVA
ECONFINA OWNERS' ASSOCIATION INC
4324 RIVER STREET
LAMONT, FL 32336

SUBJECT: ECONFINA OWNERS' ASSOCIATION, INC.
Ref. Number: N24884

We have received your document for ECONFINA OWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6907.

Annette Ramsey
OPS

Letter Number: 521A00012194

*Please see corrected,
for me! Thank you!*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ECONFINA OWNERS' ASSOCIATION, INC.

DOCUMENT NUMBER: N24884

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jo Ann Bova

(Name of Contact Person)

Econfina Owners' Association, Inc.

(Firm/ Company)

4324 River Street

(Address)

Lamont, FL 32336

(City/ State and Zip Code)

joboval@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jo Ann Bova

305 233-3707

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Econfina Owners' Association Inc.

4324 River Street

Lamont, FL 32336

To Whom It May Concern:

Enclosed is contact information:

Jo Ann Bova

305.338.7755 phone

4324 River Street

Lamont, FL 32336

If you should have any further questions, please contact me.

Thank You,

Jo Ann Bova

Articles of Amendment
to
Articles of Incorporation
of

FILED
2021 JUN 21 AM 8:53

ECONFINA OWNERS' ASSOCIATION INC.

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

N24884

(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:

*(Principal office address **MUST BE A STREET ADDRESS**)*

4311 POPPELL STREET

LAMONT, FL

32336

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

4311 POPPELL STREET

LAMONT, FL

32336

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:

DENISE MARTIN

4311 POPPELL STREET

(Florida street address)

New Registered Office Address:

LAMONT

(City)

Florida 32336

(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

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 type="checkbox"/> Change <input type="checkbox"/> Add	<u>TREAS</u>	<u>FORREST MASSEY</u>	<u>4200 POPPELL ST</u> <u>LAMONT, FL 32336</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>SEC</u>	<u>LAMAR MATTHEWS</u>	<u>19511 LEROY TEDDER GRADE</u> <u>LAMONT, FL 32336</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TREAS</u>	<u>DENISE MARTIN</u>	<u>4311 POPPELL STREET</u> <u>LAMONT, FL 32336</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SEC</u>	<u>JO ANN BOVA</u>	<u>4324 RIVER STREET</u> <u>LAMONT, FL 32336</u>
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)

The date of each amendment(s) adoption: FEBRUARY 13, 2021, 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.

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 06/16/2021 _____

Signature Jo Ann Bova
(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)

JO ANN BOVA

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)