

N06982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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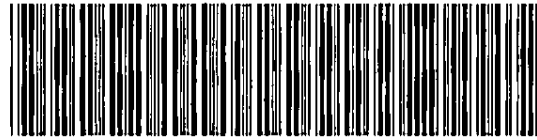
(Business Entity Name)

(Document Number)

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J. FASON

JUL 01 2021

2021 MAY 25 PM 1:33

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Village Homes at Country Walk No.1-9 Maintenance Association Inc

DOCUMENT NUMBER: N06982

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

Please return all correspondence concerning this matter to the following:

Jorge Carmenate

(Name of Contact Person)

Sun City Condo Solutions Inc

(Firm/ Company)

1301 NW 89th ct Suite 202

(Address)

Doral, FL 33172

(City/ State and Zip Code)

accounting@suncitycondosolutions.com

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

For further information concerning this matter, please call:

Jorge E Carmenate

(Name of Contact Person)

305

at

406- 1325

(Area Code) (Daytime Telephone Number)

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

- \$35 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

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

VILLAGE HOMES AT COUNTRY WALK NO. 1-9 MAINTENANCE ASSOCAITION, INC

(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)

C. Enter new mailing address, if applicable: _____
(Mailing address MAY BE A POST OFFICE BOX)

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: JOHN PAUL ARCIA, P.A.
175 S.W. 7th Street, Suite 2000
(Florida street address)

New Registered Office Address:
MIAMI, Florida 33130
(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

2021 MAY 25 PM 1:33

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 <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>ESTHER PRIETO</u>	<u>13720 SW 147 CIR LN</u> <u>MIAMI, FL 33186</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>LESLIE REYES</u>	<u>13720 SW 147 CIR LN</u> <u>MIAMI, FL 33186</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>RITA M RAD</u>	<u>13720 SW 147 CIR LN</u> <u>MIAMI, FL 33186</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>JORGE VILLA</u>	<u>13720 SW 147 CIR LN</u> <u>MIAMI, FL 33186</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>JULIAN TUNON</u>	<u>13720 SW 147 CIR LN</u> <u>MIAMI, FL 33186</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>LISA MARIE TULLOCH</u>	<u>13720 SW 147 CIR LN</u> <u>MIAMI, FL 33186</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

7) Add	<u>S</u>	<u>MARIANELLA VILLA</u>	<u>13720 SW 147 CIR LN</u> <u>MIAMI, FL 33186</u>

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 005/12/21

Signature Marianna Villa

(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)

MARIANELLA VILLA
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

2021 MAY 25 PM 1:33

11

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SUN CITY CONDO SOLUTIONS

1301 NW 89TH CT. SUITE 202

MIAMI

3054061325

Branch Banking and Trust Company
63-9138/2831

1836

5/12/2021

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE

\$ **35.00

Thirty-Five and 00/100

DOLLARS

PROTECTED AGAINST FRAUD

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

MEMO

amendment doc no.N06982- Village Homes at Count

⑈001836⑈ ⑆263191387⑆0000244781160⑈

SUN CITY CONDO SOLUTIONS

1836

FLORIDA DEPARTMENT OF STATE

Date	Type	Reference	Original Amt.	Balance Due	5/12/2021 Discount	Payment
5/12/2021	Bill	country walk	35.00	35.00		35.00
					Check Amount	35.00

BB&T OPERATING A amendment doc no.N06982- Village Homes at C

35.00