N11819

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE 27 Controll Condominium ASSOCIATION TO
DOCUMENT NUMBER: N11819
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wendy S Shepard (Name of Confact Person)
2) Centre II Consominium Posociatio
L1693 north moroest.
Tallahassee, FL 32303 FR (City/State and Zip Code)
H-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wend 5 Sheperco at (850) 933-5444 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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status

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)
N 11819
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
32.303
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 385) LCIKEVIEW DF
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: Wandy & Shipard
4698 North Marton St. (Florida street address)
New Registered Office Address: Tallahyssee Florida F2 32303 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Regulatered Agent, if changing APR TO APR 15

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.

The difference of the second	, and burn omin	, or as an rica.	
Example: XChange X Remove X Add	PT John I V Mike . SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) <u> </u>	<u>p</u>	Wendy Stopperd	14603 noth marg
Remove 2) Change Add	P	Wardy Stepa	32303 Duendy Shopre
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Ar ets. if necessary).	ticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) ado date this document was signed.	ption:		···	, if other than the
Effective date if applicable				
Effective date <u>if applicable</u> :	(no more the	190 days after ones	lment file date)	-
<u>Note:</u> If the date inserted in this block document's effective date on the Department.	k does not meet the artment of State's a	e applicable statutory records.	filing requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(СНЕСК О	<u>NE</u>)		

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 $(1)-16-252)$
Signature Oewal Shape Shape Shape Shape Shape not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Wend S. Shepa O Typed or printed name of person signing)
(Title of person signing)