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2020 OCT -2 PH 1: 14 SLOBE FARE FOR THE INC.

NOV 1 0 2020

COVER LETTER

TO: Amendment Section Division of Corporations

3507 MACDILL TO NAME OF CORPORATION:	OWNHOMES HOMI	OWNER'S AS	SSOCIATION INC
N15000009178 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Christopher Lazala			
	(Name of Contact P	erson)	
PMI Tampa			
	(Firm/ Compan	y)	
15310 Amberly Drive, State 250			
	(Address)		
Tampa, FL 33647			
	(City/ State and Zip	Code)	
into@pmitampa.com			
E-mail address: (to be used	for future annual re	port notification	n)
For further information concerning this matter, please	eall:		
Christopher Lazala	at	813	319-5496
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	☐S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section	<u>St</u>	reet Address nendment Sect	in
Division of Corporations		vision of Corp.	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 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

3507 MACDILL TOWNHOMES HOMEOWNER'S ASSOCIATION INC

(Name of Corporation as currently filed with th	e Florida I	Dept. of State)		
N15000009178				
(Docur	nent Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute	es, this Florida Not For Profit	Corporation adopts the following	
A. If amending name, enter the new name of th	e corporat	ion:		
			The new	
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corpora <u>e</u> .	tion" or "incorporated" or the	abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica	ıble:	15310 Amberly Drive, Suite	250	
(Principal office address <u>MUST BE A STREET</u>)	IDDRESS) _{Tampa, FL 33647}		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	15310 Amberly Drive, Suite	250	
		Tampa, FL 33647	020 (ST.C	7~1
			OT :	1 1
D. If amending the registered agent and/or regi			he name of the	
new registered agent and/or the new register			I	1
Name of New Registered Agent:	PMI Tam			
	15310 An	nberly Drive, Suite 250	5E +	
New Registered Office Address:		(Florida stres	et address)	
	Tampa		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			vations of the position	
. no con accept the appoinment as registered agen	ii. i am jui	All III	затем од сас ромион.	
-	0.	insigned as and		
	Si	gnature of New Registered Age	nt, 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: X Change X Remove X Add	PT John De V Mike Je SV Sally Se	<u>ines</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add	<u>VP</u>	MYRICK, RYAN	
× Remove			
2) Change Add	VP	SHAH, SAVAN	
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		cles, enter change(s) here: (Be specific)	
			

		
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		·—·
		
The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	does not meet the applicable statutory filing requirements, this date will no	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
_	nted by the members and the number of votes east for the amendment(s)	
was/were sufficient for approval.	seed by the members and the names of votes east for the amenament(s)	

un Munual
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or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
nd
(Typed or printed name of person signing)