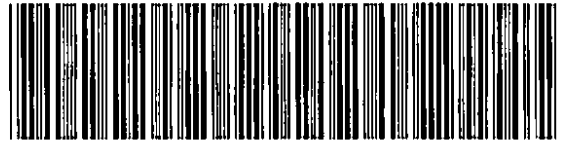


N 95000004111



600313780236

05/29/18--01017--003 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN  
JUN 21 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: VILLA VIZCAYA PROPERTY OWNERS ASSOCIATION, Jr

DOCUMENT NUMBER: N95000004111

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

Please return all correspondence concerning this matter to the following:

SUSAN HALLEE (STAFF ACCOUNTANT)  
(Name of Contact Person)

LAW MANAGEMENT COMPANY  
(Firm/ Company)

790 PARK OF COMMERCE BLVD. Ste. 200  
(Address)

BOCA RATON, FL 33487  
(City/ State and Zip Code)

SUSAN@LAW-MANAGEMENT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN HALLEE at 561 750-8800  
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2018

SUSAN HALLEE  
790 PARK OF COMMERCE BLVD.  
SUITE 200  
BOCA RATON, FL 33487

SUBJECT: VILLA VIZCAYA PROPERTY OWNERS ASSOCIATION, INC.  
Ref. Number: N95000004111

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the title(s) of each officer in your document.

Please list the street address of each officer/director.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Claretha Golden 850-245-6973  
Regulatory Specialist II

Letter Number: 618A00011221

RECEIVED  
18 JUN 18 PM 12:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

**F I L E**  
2018 JUN 18 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VILLA VIZCAYA PROPERTY OWNERS ASSOCIATION, INC

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

N 9500000 4111

(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:

N/A

**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

N/A

**B. Enter new principal office address, if applicable:** \_\_\_\_\_  
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

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

N/A

**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*

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 ___ Add ___ Remove	<u>VP</u>	<u>SALOVITCH, ROBERT</u>	<u>16118 VILLA VIZCAYA PLACE</u> <u>DELRAY BEACH, FL</u> <u>33446</u>
2) ___ Change ___ Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>FRIEDMAN, RICHARD</u>	_____
3) ___ Change <input checked="" type="checkbox"/> Add ___ Remove	<u>D</u>	<u>TURETZKY, EDWARD</u>	<u>16112 VILLA VIZCAYA PLACE</u> <u>DELRAY BEACH, FL</u> <u>33446</u>
4) ___ Change ___ Add ___ Remove	_____	_____	_____
5) ___ Change ___ Add ___ Remove	_____	_____	_____
6) ___ Change ___ Add ___ Remove	_____	_____	_____



(F) The date of each amendment(s) adoption:                     ~~REMOVED~~                    3/9/18                    , if other than the date this document was signed.

(RS) Effective date if applicable:                     ~~REMOVED~~                      
(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                     5/31/18                    

Signature                     Robert Salavitch                    

(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)

                    ROBERT SALAVITCH                      
(Typed or printed name of person signing)

                    Treasurer                      
(Title of person signing)