## 706209

(Re	equestor's Name)	
(Ac	ldress)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Venice	- Gardens Home Own	ers Association,
DOCUMENT NUMBER: 70620	9	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Hugh 18 (Name	3astian e of Contact Person)	
<u>Venice Gardens</u>	Home Owners Associ	otion, Inc.
406 SX	namrock Blvd (Address)	
Venic (City/	CE FL 34293 State and Zip Code)	
For further information concerning this matter	r, please call:	
Hugh Bastian (Name of Contact Person)	at ( 941 ) 497 (Area Code & Daytime	-0299 Felephone Number)
Enclosed is a check for the following amount	made payable to the Florida Depa	artment of State:
\$35 Filing Fee \$35 Status \$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 Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Venice Gardens How	ne Owners Association, l	nc.
	rently filed with the Florida Dept. of Sta	
706209		Ó
	mber of Corporation (if known)	
·		Ţ,
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		rofit Corporation adopts
A. If amending name, enter the new name of	of the corporation:	
Venice Gardens Civic	Association, Inc.	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		orporated" or the
aboveviation corp. of the <u>company</u>	or our may horse woek with the thirty	
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE		
(Trincipal office dualess MOST BEXISTRES	<u></u>	
		<del></del>
C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFF</u>	<u>ICE BOX</u> )	
D. If amending the registered agent and/or		ter the name of the
new registered agent and/or the new reg	istered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del>_</del>
		, Florida
	(City)	(Zip Code)
New Degistered Agent's Signature if share	ring Pagistared Agents	
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		pt the obligations of the
·		
	Signature of New Registered Agent, if cha	anging

Attach addi	tional sheets, if necessary)	each Officer and/or Director being	added:
<u> Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
			Remove
(altach ad	lditional sheets, if necessary).	(Be specific)	

The date of each amendment(s) adoption:		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated/ Signature	11-24-08 Mr 2/1/	
(By hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President (Title of person signing)	