## 720314

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sources Entry Course)
(Document Number)
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## COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CHATEAUX DE B. NAME OF CORPORATION:	ARDMOOR, INC. NO. 5 A CONDOMINIUM
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	
Please return all correspondence concerning this matt	er to the following:
NICKI F. ASMER, ESQ.	
	(Name of Contact Person)
APPLETON REISS, PLLC	
	(Firm/ Company)
215 N. HOWARD AVENUE, STE. 200	
<del></del>	(Address)
TAMPA, FL 33606	
	(City/ State and Zip Code)
nasmer@appletonreiss.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
NICKI F. ASMER, ESQ.	813 542-8888
(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 □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida   720314	Dept. of State)
	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es. this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	C/O ASSOCIA GULF COAST
(Principal office address <u>MUST BE A STREET ADDRESS</u>	) 9887 4TH STREET N., SUITE 104
	ST. PETERSBURG, FL 33702
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	31.11.1EKSBORG, 12.33702
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent: APPLETO	ON REISS, PLLC
215 N. He	OWARD AVENUE, STE. 200
New Registered Office Address:	(Florida street address)
ТАМРА	Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.
Si	ignature 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:  X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>\$</u>	EWA GLASER	C/O ASSOCIA GULF COAST 9887 4TH STREET N., SUITE 104
Remove			ST. PETERSBURG, FL 33702
2) <u>×</u> Change Add	T	TAREQ ADILEH	C/O ASSOCIA GULF COAST 9887 4TH STREET N., SUITE 104
Remove 3 ) Remove Add Remove			ST. PETERSBURG, FL 33702
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or adding</u> (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	

<del></del>		
		<del></del>
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		<del></del> _
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The date of each amendment(s) adoption: date this document was signed.	:	. if other than the
Effective date if applicable:		
a	10 more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not but of State's records.	e listed as the
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

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 april 27, 2023
Signature  (By the chairman or vigochairman 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)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)