## 723258

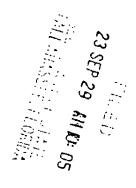
(Red	questor's Name)
bbA)	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bus	siness Entity Name)
(Dod	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:  OCT 1 2 2023
I.	2023

Office Use Only



800416269898

09/29/23--01012--021 \*\*35.00



## **COVER LETTER**

(Additional copy is Certified Copy enclosed) (Additional Copy is	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & \Bigcup \$52.50 Filing Fee Certificate of Status	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
(Name of Contact Person)  (Area Code) (Daytime Telephone Number)	
For further information concerning this matter, please call:	
E-mail address: (to be used for future annual report notification)	
(City/ State and Zip Code)	
BDY HARSONISLIDNOS, FL 33154	
(Address)	'l _
1050 9300 STREET BAY HAZZOR 152, FL 33	,  <
(Firm/ Company)	•
STUNDT HOUSE CONDOM! MUM'DSSOCIOT	ŖΛ
(Name of Contact Person)	
GAXLEMINTZ	
Please return all correspondence concerning this matter to the following:	
The enclosed Articles of Amendment and fee are submitted for filing.	
DOCUMENT NUMBER: 723258	
NAME OF CORPORATION: STUART HOUSE CONDOMINIUM ASSOCIATION	
Division of Corporations	
TO: Amendment Section	

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 Articles of Anticles of Incorporation of

	of	10 7
STUDAT HOUSE CON	DOMINUM	DSSOCIATUN
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
7) 7 7	7 < 7	
	<u> </u>	11
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rnoration	23
A. It amending name, enter the new name of the cor	poration.	SE -
		The new -
name must be distinguishable and contain the word "co	orporation" or "incorporat	'ed" or the abbreviation "Corp.; or "Ino" \
"Company" or "Co." may not be used in the name.		<b>是</b>
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u> )	<u>RESS</u> )	gi.
		×
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ď1	
(Mutting dualess BIAT DE ATOST OFFICE DUA	<u> </u>	
	-	
	-	•
D. If amending the registered agent and/or registered		la, enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
		.19
New Registered Office Address:		(Florida street address)
	77.11	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent, I		pt the obligations of the position.
<del></del> -	Signature of New Reg	istered 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:  XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change	$\overline{\mathcal{D}}$	VICTORIO	MUTOLA	1050 9320 STE BAY HAWSON 13L	1521 FL3315
Remove					•
2) Change Add					
Remove 3) Change Add Remove					
4) Change Add					
Remove					
5) Change Add					
Remove					
6) Change Add			<del></del>		
Remove					
E. If amending or addin (attach additional shee		onal Articles, enter change(s) hi essary). (Be specific)	ere:		
			·		

· · · · · · · · · · · · · · · · · · ·		<del></del>
	<del>-</del>	
	,	
	9/19/23	
The date of each amendment(s) adoption:	1 J. 1	, if other than the
date this document was signed.	9/19/7,3	
Effective date if applicable: (no more i	than 90 days after amendment file date)	
·		

<u>Note:</u> 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
Signature
(By the chairman of 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)
GAYLE NINTE
(Typed or printed name of person signing)
taens aed
(Title of person signing)