

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nai	me)		
(Do	cument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			
		•		

Office Use Only



000302013210

08/07/17--01005--021 **43.75

And

AUG 14 2017

R. Walter

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: NAME OF CORPORATION: NAME OF CORPORATION:	Association, Ex
DOCUMENT NUMBER: 726325	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sabine Saint-Albin (Name of Contact Person)	
	_
(Firm/ Company)	
7524 5w 58 The (Address)	_
(Address)	
South Mami 1 33143 (City/ State and Zip Code)	_
Sabine 1718 @ Hotmil. Com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Sabine Sount Albin at 305 305-0018 (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:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Articles	of		
NXM Townhouse Condom		ssociation	Inc
(Name of Corporation as curren	tly filed with the	Florida Dept. of St	ate)
72/325			
(Document Numb	er of Corporation	(if known)	
`	·		
Pursuant to the provisions of section 617,1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Ne</i>	ot For Profit Corpor	ation adopts the following
A. If amending name, enter the new name of the corporation	ion:		
N//H			The new
name must be distinguishable and contain the word "corporate	tion" or "incorpo	orated" or the abbre	viation "Corp." or "Inc."
"Company" or "Co." may not be used in the name		A . 1 (A	
B. Enter new principal office address, if applicable:		NA	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		W/A	
(Maning address MATT MATT COLUMN			
			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	<u>ce address in Flo</u> address:	rida, enter the nam	e of the
new registered agent and/or the new registered office a	<u>1001 0.5.71</u>	N) //	
Name of New Registered Agent:		<u> </u>	
		(Florida street addre:	55)
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 fa	miliar with and a	ecept the obligation:	of the position.
	Signature of New :	Registered Agent, if c	changing
3			6 .0

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 <math>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	$\overline{\underline{\mathbf{V}}}$ <u>Mi</u>	nn <u>Doe</u> ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	7	Raymond Millesworth	7510 SW 58th Ave
Remove			33143
2) Change	<u> P</u>	Joanne Bamson	7528 Su 58 Ave South Mamy, fl 33143
Remove 3) Change Add	<u>D</u>	Charlotte probst	7500 SW 58 Ave Saith Mam, Al
Remove 4) Change Add		Lissette Serialles	33143 7526 Sw 58+40P South Mam, fl
Remove 5) Change Add	,,,		33143
Remove			
6) Change			
Remove			

ach additional .	dding additions sheets, if necess	ary). (Be sj	pecific)					
						_		
								_
···							-	
							_	
<u></u>								
					· <u>-</u>			
		<u> </u>	<u>-</u>				_	
							_	
								
					 -		-	_
		_			<u> </u>			
					<u> </u>	-		_
							_	
			<u> </u>		<u>_</u>			
			-	·	<u> </u>	·		
							_	
								
<u> </u>	_					-		

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory tocument's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of was/were sufficient for approval.	of votes cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s adopted by the board of directors.). The amendment(s) was/were
Dated	
Signature	
(By the chairman or vice chairman of the board, presingly have not been selected, by an incorporator – if in the	dent or other officer-if directors hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)	
Sabine Saint-F	flbin
(Typed or printed name of	of person signing)
Treg Surer	
(Title of person	on signing)