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SECRETARY OF STATE

3/1/21

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: N&M Town house Condominio	m Association, Inc
DOCUMENT NUMBER: 726 325	_ <del></del>
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)	<del></del>
(Firm/ Company)	
7574 SW 58th Ave (Address)	
South Miani Fl 33143 (City/ State and Zip Code)	
Sabine 1718 (a) Hotmail (com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sabine Saint-Albin at 305 305-0 (Name of Contact Person) (Area Code) (Daytime Telepho	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee S43.75 Filing Fee Scriffied Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

FILED

Name of Corporation as currently filed with the Flor	ida Dept. of State)	ongossi ninda billisesciat
79639	15	SECRETARY OF STATE
(Document N	lumber of Corporation	
ursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Ne</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorpo	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered off</li> </ol>	<u>l office address in Flo</u> fice address:	rida, enter the name of the
Name of New Registered Agent:		<del></del>
	<del> </del>	(Florida street address)
New Registered Office Address:		trioriai sirva adaressy
·		Florida
	(City)	, Florida (Zip Code)
	• •	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and ac	cept the obligations of the position.
	•	
-	Signature of New R	egistered Agent, if changing

and address of each Off (Attach additional sheets Please note the officer/di P = President: V = Vice I	ficer and/or Direct , if necessary) frector title by the President; T= Trect  Chief Financial	tor being added: first letter of the office title: asurer; S= Secretary; D= Direc Officer. If an officer/director h	ntor; TR= Trustee; (	or being removed and title, name,  C = Chairman or Clerk; CEO = Chief title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	ives the corporation	on, Sally Smith is named the $Vlpha$	listed as the PST ar nd S. These should	nd Mike Jones is listed as the V. There is be noted as John Doe, PT as a Change.
Example: XChange X Remove X Add	PT         John II           V         Mike J           SV         Sally S	ones		
Type of Action (Check One)	<u>Title</u>	Name	Ad	<u>dres</u> s
1) Change Add	P (	Raymond Plid	<u>Alesworth</u>	7510 SW 58 MARP 5044 Mamij 1 33143
Remove  2) Change Add	P	Joanne Ba	<u>-</u> <u>-</u> 	7528 SW 58M Aug South Diami, (133143
Remove 3)	$\mathcal{D}_{-}$	Charlotte (	Probst =	7500 SW 584 AC South Diaminet 33143
Remove  4)Change Add		Cecil tere-	<u></u>	1767 S. Dixie Hwy
Remove  5) Change Add	<u>-</u>			Mam, 8133156
Remove				
6) Change Add				
Remove				
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)		

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		<del></del> -
		- <del></del>
·		
date of each amendment(s) adoption:this document was signed.	<u> </u>	, if other thar
ctive date <u>if applicable</u> :  (no more than 90 days after amendment fi		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) vas/were sufficient for approval.

(CHECK ONE)

ition of 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
(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)
Sabine Saint-Albin (Typed or printed name of person signing)
(Title of person signing)

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