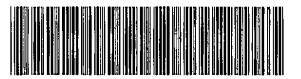
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c/ 10/11/2022

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Tallway W	1954 (ondo Association) INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for f	iling.
Please return all correspondence concerning this matter to the following	flowing:
Stephen Scatt	
Hillcrest Property (Firm	Services
4400 Gray F	Strelt
(A	(ddress)
Hollyword FL. 33021	<u> </u>
(City/ Stat	e and Zip Code)
Stephens hiller	Annual report notification)
For further information concerning this matter, please call:	
Stephen Scott (Name of Contact Person)	at 954 465-1916
Enclosed is a check for the following amount made payable to the	ne Florida Department of State:
Certificate of Status Certified	onal copy is Certified Copy
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
I dilutionisee, I E . E. I I	Bill In money street, same on

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

TALLWOOD WEST CONDOMINIUM ASSOCIATION, INC.

TALLWOOD WEST CONDOMINIUM ASSOCIATION, INC.	2822 () 	با با : ا
(Name of Corporation as currently filed with the Florida Dept. of State)	EUZZ COJE K I TOTA	7 7 .
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(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corpor</i> amendment(s) to its Articles of Incorporation:	ation adopts the following	
A. If amending name, enter the new name of the corporation:	The new	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrev "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ilation "Corp." or "Inc."	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address: Name of New Registered Agent: Do Talland Address Common	# 208	
New Registered Office Address: bly say (City)	Florida 330 d/ (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations		
Signature of New Registered Agent, if c	hanging	

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> John I <u>V</u> Mike <u>SV</u> Sally		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	George (gin	1200 Tallwal Ave #200
Remove 2) Change Add	<u>P</u>	Bob Swanz	Hollywood FC. 33021 1200 Tallwood Ave #200
Remove Change Add Remove	<u> </u>	Joe Elinger	Hollywood Fr. 3302/ Dow Tallwood Ave # 108
4) Change Add			Hollyword 71.33021
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional she	ing additional A eets. if necessary)	rticles, enter change(s) here: . (Be specific)	

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

Dated	7/5/22
Signatur	c flat fin
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ROBELT SWANZ
	(Typed or printed name of person signing)

(Title of person signing)