

727593

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(Address)

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S TALLENT

AUG 14 2019

*Handwritten signature*

2019 AUG -9 PM 6:33  
SECRETARY OF STATE  
TOLSON, G. CHL

FILED



# A. LEAKE ACCOUNTING, INC.

*Distinguishing work by diligent accountants*

July 23, 2019

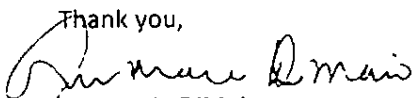
TAT Civic Association  
3210 DARLINGTON RD  
HOLIDAY, FL 34691

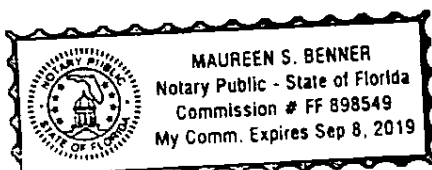
Taxpayer Services  
Florida Department of Revenue  
Mail Stop 3-2000  
5050 W Tennessee St  
Tallahassee, FL 32399-0112

To Whom It May Concern,

My name is AnnMarie DiMaio I am the current vice president for the TAT Civic Association. I am writing this letter to you today to kindly request that we remove Daniel Torregrossa as treasurer as of 7/19/19. He was added on in error. If you have any questions please contact my CPA whose information is listed below.

Thank you,

  
AnnMarie DiMaio



Sworn to and subscribed before me this

24 day of July, 2019  
By Ann Marie DiMaio

  
Signature of Notary Public

Notary Seal, Printed, Stamped or Typed  
Personally Known        or Produced ID ✓  
Type of ID Produced FLDL EXP 12-7-22

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TAT Civic Association

DOCUMENT NUMBER: 727593

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Marie D. Maio

(Name of Contact Person)

TAT Civic Association

(Firm/ Company)

3210 Darlington Rd

(Address)

Holiday FL 34691

(City/ State and Zip Code)

aleakeaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andre heake CPA

(Name of Contact Person)

at (813) 490-6221

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

TAT Civic Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

727593

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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**)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

A. Wake Accounting, Inc ✓

7320 E. Fletcher Ave Ste 126

(Florida street address)

New Registered Office Address:

Tampa

(City)

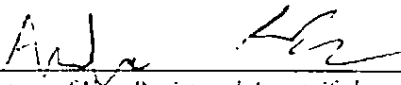
Florida

33637

(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 of the position.*

  
Signature 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>I</u>	<u>Daniel Torregrossa</u>	<u>3210 Darlington Rd</u>
<input type="checkbox"/> Add			<u>Holiday, FL 34691</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>
3) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>
4) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>
5) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>
6) <input type="checkbox"/> Change	<u>          </u>	<u>                                  </u>	<u>                                  </u>
<input type="checkbox"/> Add			<u>                                  </u>
<input type="checkbox"/> Remove			<u>                                  </u>

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

See Attach letter.

The date of each amendment(s) adoption: July 23<sup>rd</sup> 2019, if other than the date this document was signed.

Effective date if applicable: July 23<sup>rd</sup> 2019  
(no more than 90 days after amendment file date)

**Note:** 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 July 23<sup>rd</sup> 2019

Signature Andre Leake  
(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)

Andre Leake  
(Typed or printed name of person signing)

C-PA Incorporator Andre Leake  
(Title of person signing)