743607

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: May fair Villas association, Inc. 743607 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Oarcie Englert

(Name of Contact Person)

American Home Tean Realty, LLC

(Firm/Company) 253 Plaza Drive, SuiteD
(Address) ddnsenglert Chotmail. com
Email address: (to be used for future annual report notification) For further information concerning this matter, please call: Darcie Englert at 407 359-9500

(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: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

May fair Villas ass. (Name of Corporation as currently filed with the Flori	ociation,	Inc.
	da Dept. of State)	
743607		
7 7 7 3 6 0 1 (Document No	umber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
PIA		The row
P A name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	NIA	F2
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	(-)
		
C. Enter new mailing address, if applicable:	11.1.0	
(Mailing address MAY BE A POST OFFICE BOX)	_ <i>\(\mathcal{D}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
		C ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.		a, enter the name of the
Name of New Registered Agent:		
 -	(1	Florida street address)
New Registered Office Address:		
	N/A	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		t the obligations of the position.
N) A Signature of New Regis	
	Signature of New Regis	stered 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u> s
1) Change Add	_\$_	Sherry Jackson	
2) Change Add	<u>vp</u>	Patty Swann	
Remove 3) Change Add Remove	<u>D</u>	Suzanne McKenzie	
4) <u>L</u> Change Add	<u>VP</u>	Doug Jackson	
Remove 5) Change Add	<u>m</u>	Ellen Barr	
Remove Change Add	<u>D</u>	arthur Fahl	253 PlazaDr. Suite D.
E. If amending or add (attach additional sh		Articles, enter change(s) here:). (Be specific)	Oviedo, Fr 32765
N/M			

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.

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Example: X Change X Remove X Add	V Mik	n <u>Doc</u> e Jones y Smith	
Type of Action (Check One)	Title	Name	Address
i) Change Add	D	Tom Lugen	253 Blaza Dr.
Remove 2) Change Add	<u>S</u>	Susan Hobbs	Oviedo, Fr 3276. 253 Plaza Dr. Suite D
Remove Change Add Remove	<u>_w</u>	Charles Belmore	Oviedo Fr 3276) 253 Piaze Dr. Swite D Oviedo Fr 32765
4) Change Add	 -		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sho	ling additional A eets, if necessary)	rticles, enter change(s) here: (Be specific)	
N/A			
	-		
	-		

(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.

Adoption 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.
Dated8/5/2020
Signature _ Catte Choade
(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)
PATT: ChOATE
(Typed or printed name of person signing)
PRESIDENT MVA
(Title of person signing)