769117

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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Special Instructions to Filing Officer.

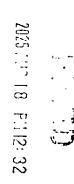
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g 8/20/2025

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	US OF TAMPA COP	NDOMINIU	M ASSOCIATION INC	
769177 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
LISA HERSCOVICI				
	(Name of Contact I	'erson)		
BAY RIDGE PROPERTY MANAGEMENT				
	(Firm/ Compan	y)		
216 W. HYDE PARK				
	(Address)		· · · · · · · · · · · · · · · · · · ·	
TAMPA, FL 33606				
	(City/ State and Zip	Code)		
ADMIN@BAYRIDGEPROPERTYMANAGEME	NT.COM			
E-mail address: (to be use	ed for future annual re	port notifica	(ion)	
For further information concerning this matter, pleas	se call:			
LISA HERSCOVICI	511	813	251-2011	
(Name of Contact Perso	on)	(Area Cod	c) (Daytime Telephone Number	er)
Enclosed is a check for the following amount made	payable to the Florida	Department	of State;	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Ce is Ce (Ac	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is closed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	reet Addres mendment S ivision of Co he Centre o	ection	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



July 24, 2025

LISA HERSCOVICI 216 W HYDE PARK TAMPA, FL 33606

SUBJECT: THE COURTYARDS OF TAMPA CONDOMINIUM ASSOCIATION,

INC.

Ref. Number: 769177

We have received your document for THE COURTYARDS OF TAMPA CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the correct document number for the entity.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

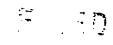
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 525A00016245

Claretha Golden Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of



2025 / 17 18 P': 12: 32

(Name of Corporation as currently filed with the Florida Dept. of State) 765113 (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 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. N/Λ B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BON) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Name of New Registered Agent:

THE COURTYARDS OF TAMPA CONDOMINIUM ASSOCIATION, INC.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

_, Florida j

(Zip Code)

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		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	WANDA BARRY GARCIA	2953 W. KNIGHTS AVE TAMPA, FL 33611
X Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
(attach additional shee		articles, enter change(s) here:). (Be specific)	
N/A			
			

·•
The date of each amendment(s) adoption: $\frac{5}{5}$. if other than the date this document was signed.
Effective date if applicable: (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 locument'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.

U	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 5/15/0025
	Signature (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)
	LISA HERSCOVICI
	(Typed or printed name of person signing)
	PROPERTY MANAGER

(Title of person signing)