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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	TOSCANA HOMEO	WNERS' ASSOCIA	ATION		
N DOCUMENT NUMBER:	0000001247				
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.			•
Please return all corresponden	ce concerning this matter	to the following:			
Virgil Teca					
	(Name of Contact Po	erson)		
Toscana HOA					
		(Firm/ Company	y)		
3701 S Ocean Blvd					
		(Address)			
Highland Beach, FL, 33487					
	(1	City/ State and Zip	Code)		
virgil.teca@fsresidential.com					
E-n	nail address: (to be used f	for future annual rep	ort notificat	on)	
For further information concer	ning this matter, please c	all:			
Virgil Teca		at	561	272-2269	
1)	lame of Contact Person)) (Daytime Telephone Nur	mber)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida I	Department o	f State:	
S35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	1\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Cer s Cer (Ad	.50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	

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

(Name of Corporation as	currently filed with the I	(lorida Dept. of State)
N0000001247		
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
N/A		The new
name must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorpore	
3. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADD</u>		
		
	.—,.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	8
		en e
	-	
. If amending the registered agent and/or registere		da, enter the name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent: N/i	1	
		(Florida street address)
New Registered Office Address:		(Tionad street data assy
N/A	١	Elorido
	(City)	, Florida (Zip Code)
	, ,,	` ,

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: X Change X Remove X Add	<u>V</u> <u>M</u>	<u>hn Doe</u> ike Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VTD	Constance Greenberg	3700 S Ocean Blvd 1105
Add			Boca Raton, FL, 33487
X Remove			
2) Change	VTD	Gary Krat	3700 S Ocean Blvd #1601
X Add			Highland Beach, FL, 33487
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

E. If amending or adding add (attach additional sheets, if n	iecessary). (Be specif	fic)		
N/A				
			<u> </u>	
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49- à				

	N/A	10 3 3 4
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
N/A		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were prs.	
Dated	8/20/19	
Signature	Antowas	
	man or vice chairman of the board, president or other officer-if directors	
	In selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court a	appointed fiduciary by that fiduciary)	
James Th	iomas	
-	(Typed or printed name of person signing)	
Vice Pre	cident	
VICE FIE	nucit	
	(Title of person signing)	