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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Willoughby Townho	mes Homeowners' A	Association, Inc	c. 		
N00 DOCUMENT NUMBER:	000004058					
The enclosed Articles of Amend	ment and fee are sub	nitted for filing.				
Please return all correspondence	concerning this matte	er to the following:				
		(Name of Contact I	Person)			
Bemo Association Partners, Inc.						
		(Firm/ Compar	ıy)			
1500 Gateway Blvd., #220						
		(Address)				
Boynton Beach, FL 33426						
		(City/ State and Zip	Code)			
bemogeneral@bemopartners.com					38	າຄວ
E-ma For further information concerni	il address: (to be used ng this matter, please		port notification	on)	F 22 1	FFB 24
Victoria Morton		a	561	340-3366	788V 70 A	P. (**
(Nai	me of Contact Person		(Area Code)		ohone Numbe	in in
<b>■ \$</b> 35 Filing Fee □\$	543.75 Filing Fee & Certificate of Status		& □\$52.: Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)	רח	~

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

Street Address
Amendment Section
Division of Corporations

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Willoughby Townhomes Homeowners; Association, Inc.

(Name of Corporation as currently filed with the	Florida I	Dept. of State)			
N0000004058					
(Docume	ent Numb	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statute	es, this Florida Not For Profit Corporation a	dopts the	following	;
A. If amending name, enter the new name of the	corporat	ion:		The second	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		tion" or "incorporated" or the abbreviation	'Corp.'' o	The new r "Inc."	
B. Enter new principal office address, if applicab	de:	e/o Bemo Association Partners, Inc.			
(Principal office address MUST BE A STREET AL		) 1500 Gateway Blvd., #220			
		Boynton Beach, FL 33426			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	( <u>OX</u> )	c/o Bemo Association Partners, Inc.	<u> </u>	202	
		1500 Gateway Blvd., #220	A!.E	33	42
		Boynton Beach, FL 33426	25	B 2t+	,,,,,,
D. If amending the registered agent and/or regist new registered agent and/or the new registered			7 0F S	P# 2	Mary Carl
Name of New Registered Agent:	Bemo Ass	sociation Partners Inc.	7 <u>7</u>	<u>က</u>	
	1500 Gate	eway Blvd., #220			
New Registered Office Address:		(Florida street address)			
	Boynton F	Beach , Florida	33426		
_		(City) (Zip C	ode)		
New Registered Agent's Signature, if changing Rel I hereby accept the appointment as registered agent.	I am far				

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add		<del></del>	
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee)	g additio ts, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
	<u></u> .		

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	o more than 90 days after amendment file date)
(no	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 listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)

	2/1/21
Dated _	
Signature _	Jan
	By the challman 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 tiduciary by that tiduciary)
	_
	Freineth Fisch.
	(Typed or printed name of person signing)