(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300316021103

07/23/18--01006--022 **35.00

STOREDARY OF START

JUL 27 2018 T. LETA 25.70



COVER LETTER

r,

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	BAY VILLAS (KEY	WEST) CONDO	MINIUI	M ASSO	CIATION, INC.	
DOCUMENT NUMBER:	N02000007861					
The enclosed Articles of An	nendment and fee are subm	nitted for filing.				
Please return all correspond	ence concerning this matte	r to the following:				
MARY BRADY						
		(Name of Contact	Person)			
		(Firm/ Compa	iny)			
32 HILTON HAVEN RD,	# 8					
		(Address)				
KEY WEST, FL 33040						
		(City/ State and Zi	p Code)			
froggies9@verizon.net						
E	-mail address: (to be used	for future annual r	eport no	otification)	
For further information conc	erning this matter, please o	call:				
SANJIV SINHA			305 at		292-6047	
	(Name of Contact Person)			Code)	(Daytime Telephone Nu	mber)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida	a Depart	ment of S	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street Address				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BAY VILLAS (KEY WEST) CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation	as currently filed with the Florida Dept. of State)
N02000007861	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:
	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	I "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." e.
B. Enter new principal office address, if applica	ble:
(Principal office address <u>MUST BE A STREET A</u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
 If amending the registered agent and/or registered agent and/or the new register 	stered office address in Florida, enter the name of the
new register en agent and/or the new register	
Name of New Registered Agent:	SANJIV SINHA
	32 HILTON HAVEN RD, #6 44 / ()
New Registered Office Address:	(Florida street address)
New Neglistered Office Address.	KEY WEST ≥33040. →
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing F	Registered Agent:
nereby accept the appointment as registered agen	t. I am familiar with and accept the obligations of the position.
_	Signature of New Registered Agent, if changing
	organism of their registered righter, if enduding

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	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	P 	PATTI BIGA	3a Hilton Harra #3 Kay West, FL 33040
2) X Change Add Remove	PD	MARY BRADY	Bay West, FL. 33040
3) Change X	VTD	SANJIV SINHA	32 HILTON HAVEN RD #6 KEY WEST, FL 33040
4) Change Add Remove	<u>T'</u>	Don Biga	32 Hilton Haven # 3 Key Lkst, F.c. 33040
5) Change Add Remove	<u>S</u>	Deborch McKenna	32 Hilton Haven#7 Key Litst, FL. 33040
6) Change Add Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)

	this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	· ·- ,
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	e listed as the
Add	ption 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.	
	July 17, 2018	
	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)	
	MARY BRADY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	