N0400011523

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SECRETARY OF STATE DIVISION OF CORPORATIONS

Anund CC Name Ch8 (103/18/09)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EL JARDIN	I 1 CONDOMINIUM ASSOCIA	ATION, INC.
DOCUMENT NUMBER: <u>N04000011523</u>		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
Paul J. Kelly, Esq.		
(Name	e of Contact Person)	
Paul J. Kelly, P.A.		
(F	Firm/ Company)	
P. O. BOX 724		
	(Address)	
Lutz, Florida 33548		
(City/	State and Zip Code)	
For further information concerning this matte	r, please call:	
Paul J. Kelly, Esq.	at (<u>904</u>) <u>731-570</u>	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Dep	partment of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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 Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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of	স্	
EL JARDIN 1 CONDOMINIUM (Name of Corporation as currently filed with		
N040000115	523	
(Document Number of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation		
A. If amending name, enter the new name of the corporation	<u>u:</u>	
AVILA EL JARDIN CONDOMINIUM ASSOCI	ATION, INC.	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	•	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Avila Community Property Mgmt.	
	1960 US 1 SOUTH PMB57	
	ST. AUGUSTINE, FLORIDA 32086	
C. Enter new mailing address, if applicable:	·	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

Florida
(City)

(Zip Code)

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

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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
		Add Remove	
E. <u>If amen</u> (attach d	nding or adding additional Artical distribution of the distributio	cles, enter change(s) here: (Be specific)	
		 	
			

The date of each amendment	(s) adoption: DECEMBER 31, 2008
Effective date if applicable:	FEBRUARY 27, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of direction	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_FEB	RUARY 27, 2009
Signature	Much Tanlowher
(By hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	NKK TARABOCCHIA
	(Typed or printed name of person signing)
	CHAIRMAN OF BOARD
	(Title of person signing)

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