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(Re	equestor's Name)	_
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	lominium Association, In	c .	
DOCUMENT NUMBER:		<u></u>	
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Bonnie Platti			
	(Name of Contact I	Person)	
Mezzano Condominium Association			
	(Firm/ Compar	ny)	
9877 Baywinds Drive			
	(Address)	•	- 1
West Palm Beach, FL 33411			
	(City/ State and Zip	r Code)	-
hplatti@condominiumconcepts.com			
E-mail address: (to be	e used for future annual re	eport notificati	on)
For further information concerning this matter, p	blease call:		
Bonnie Platti	ii	561 u	615-1811
(Name of Contact P	Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida	Department o	f State:
■ \$35 Filling Fee □\$43.75 Filling F Certificate of St	ee & □\$43.75 Filing Fe tatus — Certified Copy (Additional copy enclosed)	Cert r is Cert (Ad	.50 Filing Fee ifficate of Status iffied Copy ditional Copy is :losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address amendment Se Division of Cor Tifton Buildin	ction porations

2661 Executive Cemer Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mezzano Condominium Association, Inc.				
(Name of Corporation	n as curren	tly filed with the Fl	orida Dept. of State)	
	ND:	50000	000144	
. (Docu	ment Numb	er of Corporation (if	known)	
ursuant to the provisions of section 617,1006, Flonendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not I</i>	For Profit Corporation adopts th	e following
. If amending name, enter the new name of th	e corporat	ion:		
				The new
une must be distinguishable and contain the wor Company" or "Co." may not be used in the nan		tion" or "incorporat	ed" or the abbreviation "Corp,"	or "Inc."
	_			
 Enter new principal office address, if applied Principal office address MUST BE A STREET 2 		_ 		
Marie	<u> </u>	,		
				78,
			ا الله الله الله الله الله الله الله ال	· · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E		9877 Baywinds Dr	ive 5.	
		West Palm Beach,	FL 33411	7
			<u></u>	-9
. If amending the registered agent and/or regi	istered offic	ce address in Florid	a, enter the name of the	09
new registered agent and/or the new registe				-,
Name of New Registered Agent:		iardiner		
	9877 Bay	winds Drive		_
			(Florida sireet address)	
New Registered Office Address				
	West Pali		, Florida	
		(City)	(Zip Code)	
ew Registered Agent's Signature, if changing	Registered	Agent:		•
hereby accept the appointment as registered age			pt the obligations of the position.	
		$\chi / \gamma $		

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 Doc 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	$\overline{\underline{\mathbf{V}}}$ <u>Mi</u>	nn Doe ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ST	Brown, Rona	9877 Baywinds Drive
Add		·	West Palm Beach, FL 33411
X Remove			
2) Change	p	Sangiovanni, Denny	9877 Baywinds Drive
Add			West Palm Beach, FL 33411
X Remove			
3) Change	VP	Krueger, Steven	9877 Baywinds Drive
Add			West Palm Beach, FL 33411
X Remove			
4) Change	P	Gardiner, Shauna	9877 Baywinds Drive
X Add			West Palm Beach, FL 33411
Remove			
51 Change	VP	Cao, John	9877 Baywinds Drive
X Add			West Palm Beach, FL 33411
Remove			
6)Change	ST	Scinicariello, Christina	9877 Baywinds Drive
X Add			West Palm Beach, FL 33411
Remove			

If amending or adding additional a (attach additional sheets, if necessary	v). (Be specific)				
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Γĥe	date of each amer	dment(s) adoption:	, if other than the
late	this document was	signed.	
Effe	ective date <u>if appli</u>	able:	
		(no more than 90 days after amendment file da	(c)
N <u>ot</u> loci	e: If the date insert ument's effective da	ed in this block does not meet the applicable statutory filing require te on the Department of State's records.	ements, this date will not be listed as the
Ado	option of Amendm	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficier	was/were adopted by the members and the number of votes cast for approval.	or the amendment(s)
	There are no mem adopted by the bo	pers or members entitled to vote on the amendment(s). The amend and of directors.	lment(s) was/were
	Dated	12/27/18	
	Signature		
		By the chairman or vice chairman of the board, president or other have not been selected, by an incorporator – it in the hands of a reother court appointed fiduciary by that fiduciary)	
		Shauna Gardiner	
		(Typed or printed name of person signi	ing)
		President	
		(Title of person signing)	