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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Villas at Tramore Condominium Assoc	ciation
DOCUMENT NUMBER: N 050009017	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Arlene Fisher	
(Name of Contact Person)	
N A	
(Firm/ Company)	
5651 Camino Del Sol #301	
(Address)	
Boca Raton, Florida 33433 (City/ State and Zip Code)	
Afish 321@acle com E-mail address: (to be used for future annual report notification)	1 3 4 123
E-mail address: (to be used for future annual report notification)	† ************************************
For further information concerning this matter, please call:	
For further information concerning this matter, please call: Arlene Fisher (Name of Contact Person) at 702-493-303236 (Area Code) (Daytime Telephone Nutriber)	O
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee S43.75 Filing Fee Scertificate of Status (Additional copy is enclosed) \$43.75 Filing Fee Set 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Villas at Tramo	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N0500090	17
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(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 cor	poration:
	The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
	Boca Raton, Florida 33433
	2022 SEC SEC
	12 6 1
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent:	Arlene Fisher 95 = M
	1651 Camino Del Sol #301 5 0
New Registered Office Address:	(Florida street address)
	Roca Raton Florida 33433
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the obligations of the position.
	Cerlene Finh
	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		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	P T D	+ Arlene Fisher	5651 Camino Del Sol
Remove 2) Change Add	V <u>SD</u>	Carrie Fisher	Boca Raton, Fla. 33433 23205 C Fountain View Boca Ruton, Fla. 33433
Remove 3) Remove Add Remove	P <u>STD</u>	David Curley	55 Aspen Dr. Bridgewater Ma.
4) Change Add	VD_	Janet Curley	55 Aspen Dr. Bridgewater, Ma. 02324
Remove 5) Change Add			Bridgewaler, Ma. 000
Remove 6) Change Add			
Remove E. If amending or ac (attach additional s		Articles, enter change(s) here:). (Be specific)	

		.
		
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The date of each amendment(s) adoption date this document was signed.	on:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	· · ·
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not lient of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

×	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated November 12, 2021
	Signature Lulie Fack
	(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)
	Arkne Fisher
	(Typed or printed name of person signing)
	President
	(Title of person signing)