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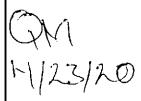
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COVER LETTER

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TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: La Brisa Condominium Association, In
DOCUMENT NUMBER: NO5955
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Todd Van Byskirk E. A. (Name of Contact Person)
Accycount LLC (Firm/Company)
333 Tamiemi Tr1., 5., 5te 257
Venice, 71 34285 (City/ State and Zip Code)
todd (a) accucount 11c. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Todd Van Buskick E. A at 941-484-0968 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 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

La Brisa Condominium	Association, Inc	
(Name of Corporation as currently filed with the Florida D		
• / .	, <u>, , , , , , , , , , , , , , , , , , </u>	
N 65955		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corporati	ion:	
11/4	Ti	he new
name must be distinguishable and contain the word "corporat		
"Company" or "Co." may not be used in the name.	,	
	M/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Frincipal Office address <u>mys) BE A STREET (ADDRESS</u>)		
ļ ļ		
C. Enter new mailing address, if applicable:		19. 19.
(Mailing address MAY BE A POST OFFICE BOX)	NA	APR 13
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D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the	<u>ن</u> ج
new registered agent and/or the new registered office a		
	11/ A	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	. Florida	
·	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position.	
1		
· 		<u>_</u>
Sig	gnature of New Registered Agent, if changing	

	0 = Chief Financ	ial Officer. If an officer/director holds more t	han one title, list the first letter of each office
Changes should be not a change, Mike Jones Mike Jones, V as Remo	leaves the corpor	ation, Sally Smith is named the V and S. These	e PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>\psi</u>	Val, Peter	Venice, 71 34285
2) Change Add	<u>5</u>	Val, Ann	525 Barcelona Ava
Remove 3) Change Add Remove	VP	John Marshalek	Venice, 7/34285 525 Barcelona Ave # 203 Venice, 7/34285
4)ChangeAdd	5	Donna Sitler	525 Barcelona Ave
Remove 5) Change Add			Venice, 71 34285
Remove			
6) Change Add		: 	
Remove E. If amending or ad	ding additional	Articles, enter change(s) here:	
(altach additional s			
		· · · · · · · · · · · · · · · · · · ·	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief

and address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

		
		
		
		
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The date of each amendment(s) adoption:	: N/A	, if other than the
date this document was signed.	1	, it other dam the
	$\Lambda I/\Delta$	
Effective date if applicable:	ore than 90 days after amendment file date)	
(no mo	пе тип эт инуг итенитет јие ишеј	
Note: If the date inserted in this block does not a document's effective date on the Department of S	neet the applicable statutory filing requirements, this date will no State's records.	ot be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)	

X	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	X Dated 4-4-2020	
	Y Signature Rillett Sut	
	(By the chairman or wee 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)	
	X Robert S. Her (Typed or printed name of person signing)	
	(Title of person signing)	