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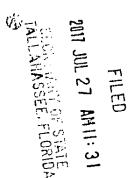
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Residences at Villa Medici Condominium Association, INC.
Association, INC.
Association, INC. DOCUMENT NUMBER: NO600000833
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kent M. Perroux
(Name of Contact Person)
(Firm/ Company)
735 N. Thornton Ave. (Address)
Oplando FL 32803
(City/ State and Zip Code)
ORlando FL 32803 (City/ State and Zip Code) PERROUX KM © Yahoo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kent Perroux at 407 497-8927 (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:
\$\square\$ \$\squa
Mailing Address Street Address

Amendment Section 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

Articles of Incorporation of

Residences at Villa M (Name of Corporation as c NO6000000833	edici Conz	Laminium De Florida Dent of S	Associa	I, works
1101 000 000 935	<u> </u>	ie i kortua izepe or p	<u>tate</u>)	
(Document)	J Number of Corporation	on (if known)		
ursuant to the provisions of section 617.1006, Florida Smendment(s) to its Articles of Incorporation:	•		ration adopts the	e following
. If amending name, enter the new name of the cor	poration:			The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name	rporation" or "incorp	porated" or the abbre	viation "Corp."	
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>		/ / \		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	B		
If amending the registered agent and/or registere new registered agent and/or the new registered of the n		lorida, enter the nan	ne of the	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A_	(Florida street addre	sss)	
New Registered Agent's Signature, if changing Regis	(City) stered Agent:		(Zip Code)	
hereby accept the appointment as registered agent. I	am familiar with and	accept the obligation:	s of the position.	
	N/A		1.55	
	Signature of New	Registered Agent, if	changing 47	2017 JUL
	Page 1 of 4		ASSET	FILEC

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 D V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>_</u> P	Kent M. Perroux	135 N. Thornton Ave. ORLANDO FL. 32803
2) Change		Richard Avery	735 N. Thornton Ave. ORLANDO FL. 32803
3) Change Add Remove	_5_	Elvira CRUZ	135 N. Thornfow Ave. Orlando FC. 32803
4) Change Add Remove	T	DON DECROSS	735 N. Thornton Ave. ORCANDO FC. 32803
5) Change X Add	<u>D</u>	AIXA Mondez	735 N. Thornton AVE ORLANDO FL. 32803
Remove 6) Change Add			
Remove			

E. <u>If amending or adding addition</u> (attach additional sheets, if necess	sary). (Be specific)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: \\\ \mathcal{IU-Y} 22 2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption 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.	
Dated <u>July 22, 2017</u>	
Signature M. Herry	
(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)	
(Typed or printed name of person signing)	
Constitution of	
(Title of person signing)	
` 1 5 5	