NU6000001653

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGEL FALLS VIL	LAS CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Erick Diaz, President	
((Name of Contact Person)
Angel Falls Condominium Association, Inc.	
	(Firm/ Company)
610 Hibiscus Court PO Box 18	<i>5</i> 2
	(Address)
Satellite Bouch FL 32932 Melbourr	ic, FL 32902
((City/ State and Zip Code)
erick@adgeonstruction.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Erick Diaz	321-777 -0019 5345
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tałlahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ANGEL FALLS VILLAS CONDOMINIUM ASSOCIATION, INC.

Name of Corporation as currently filed with the Flori	da Dept. of State)
N06000001653	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
	The ne
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>333</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)	
(Maning marcis <u>SELIT DE ATTOOT VITTED BOOK</u>)	
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered offi	ice address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
New Registerea Office Address.	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	ered Agent: m 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)

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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	D	Jonathan R. Diaz	610 Hibiscus Goort Dr. Satellite Beach, FL 32937
Remove			
2) Change Add	D	Angela R. Diaz	Satellite Beach, FL 32937
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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	_				
The date of each amendment(s) adoption: date this document was signed.	October 1, 2020				, if other than the
Effective date <u>if applicable</u> :	o more than 90 days aft	er amendment fü	le date)		
				1	It as the t
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable t of State's records	statutory filing r	equirements, this	date will not be	e listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	December 2 1. 2020
Dated	
Signature	. 910088
•	(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)
	Erick Diaz
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) President/Director