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Amend

JAN 2-9 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	IDIAN LUXUR	Y CONDOMINIUM	I ASSOCIATI	ON, INC.
N0600000				
The enclosed Articles of Amendment		nitted for filing.		
Please return all correspondence conce	rning this matter	r to the following:		
KEITH D. SKOREWICZ, ESQ.				
	(Name of Contact Pe	rson)	
APPLETON REISS, PLLC				
	· · · · · · ·	(Firm/ Company	')	
215 N. HOWARD AVENUE, SUITE	200			
		(Address)	· <u>-</u>	
TAMPA, FL 33606				
	(City/ State and Zip (Code)	
ks@appletonreiss.com				
E-mail addi	ess: (to be used	for future annual rep	ort notification	1)
For further information concerning this	s matter, please o	call:		
KEITH D. SKOREWICZ		at	813	542-8888
(Name of	Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following a	mount made pay	yable to the Florida I	Department of	State:
	Filing Fee & [cate of Status	□S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy is osed)
Mailing Address		Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

MERIDIAN LUXURY CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N06000006188		
(Docur	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register	red office address:	i, enter the name of the
Name of New Registered Agent:	APPLETON REISS, PLLC 215 N. HOWARD AVENUE,	CHETT 200
New Registered Office Address:		Florida street address)
	TAMPA	Florida FL
	(City)	, Florida FL (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	nt. I am familiar with and accep LitLD Skore	
	Signature of New Regi:	stered 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 Lones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>P</u>	EMAD SULTANEM	7605 PINERY WAY TAMPA, FL 33615
2) Change Add	VP	SAM HALBY	7503 STILLRIDGE DRIVE UNIT 19-D. TAMPA, FL 33615
X Remove 3) Change Add X Remove	<u>T</u>	CARMEN BURGOS	7604 TIMBERSTONE DRIVE UNIT 8-H, TAMPA, FL 33615
4) Change Add	D	ERIC GRANOWSKY	7605 PINERY WAY TAMPA, FL 33615
Remove 5) Change Add	D	BRETT PETERSON	7605 PINERY WAY TAMPA, FL 33615
Remove 6) Change Add	D	TOM DELPONTI	7605 PINERY WAY TAMPA, FL 33615
Remove If amending or add (attach additional sh		articles, enter change(s) here:). (Be specific)	

he date of each amendment(s) adoption: te this document was signed.			 if other than the
			
		 	
			
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e amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) s/were sufficient for approval.

(CHECK ONE)

ion of Amendment(s)

There are no members or members entitled to vote ou the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 12/10/27
Signature
(By the chairman of 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)
Treasurer mane or person signing)
(Title of person signing)