NO6000006310

(Requestor	's Name)
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(Business	Entity Name)
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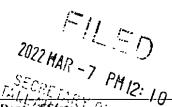
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Villa Veneto Cond	ominium Association, Inc.	
	BER:		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Robert H. Yaffe, Esq.		
		Name of Contact Persor	1
	Robert H. Yaffe ,P.A.		
		Firm/ Company	
	1135 Kane Concourse, Third	Floor	
		Address	
	Bay Harbor Islands, Florida 3	33154	
		City/ State and Zip Code	·
	robert@robertyaffe.com		
	***	sed for future annual report	notification)
For further informati Robert H. Yaffe, Esc	on concerning this matter, plea:		469-0380
	of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check	or the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Villa Veneto Condominium Association, Inc.

(Name of Corporation as cu	urrently filed with the Florida Dept. of State). 0/-
N06000006310	
(Document Nur	imber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	tion:
	The new
	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS))
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent:
т неголу ассерстве арринишене ах гедзметса адетс. Тат јаг	тиш жин или иссерстве откриновь од те ромиот.
Signature of	f New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) A Change	P	Ricci, Giampiero	1370 Washington Avenue
Add			Suite 302
Remove			Miami Beach, FL 33139
2) X Change	S	Blondeau, Francoise	719 Meridian Avenue #2
Add			Miami Beach, FL 33139
Remove 3) x Change	<u> </u>	Hines, Elena	719 Meridian Avenue #1 Miami Beach, FL 33139
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

	or adding additional onal sheets, if necessa	ry). (Be specific)			
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<u>—</u>					
		<u> </u>			
an amendi	nent provides for an	exchange, reclassif	fication, or cancel	lation of issued sha	ires,
aravisians f	or implementing the	amendment if not	contained in the a	mendment itself:	
	pplicable, indicate N/.	A)	· -		
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	February 16, 2022	
The date of each amendment(s) date this document was signed.	adoption:, if o	other than the
_	ebruary 16, 2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	: listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
bv		
,	(voting group)	
March 1	2022	
Dated	, 2022	
Signature	TIX	
(By a selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Robert H. Yaffe, Esq.	
	(Typed or printed name of person signing)	
	Attorney in Fact	
	(Title of person signing)	