N06000011115

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(Address)
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10 JUN 23 PM 12: 36

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Jasmine at	Tamarac	Cond	ominium	Association
DOCUMENT NUM	BER:N06000011115				
The enclosed Articles	of Amendment and fee are sub	omitted for file	ing.		
Please return all corre	spondence concerning this mat	ter to the follo	owing:		
	Nancy McDonald	C P			
	(Name of	Contact Pers	on)		
	Cagan Management (Group, I	nc.		
	(Firm	ı/ Company)			
	16554 Cagan Crossings Blvd #4				
	(,	Address)			
	Clermont, Florida	34714			
	(City/ Sta	te and Zip Co	de)		
	nmcdonald@cagan.co	om			
<u></u>	E-mail address: (to be use	d for future a	nnual re	port notifica	tion)
For further information	on concerning this matter, pleas	e call:			
Nancy McDon	ald	at (3	52	242-24	44 .
(Name	of Contact Person)		Area Co	de & Daytin	44 ne Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the	Florida	Department	of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.7: Certified (Addition enclosed	l Copy nal copy	•	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u> Amer Divis P.O. I Talla	I	Division Clifton B	ent Section of Corporatio	ns	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIL	.ED
10 JUN 22	-0
10 JUN 23	PM 12: 36

	of	PM 23 PM 12:
Jasmine at Tamarac Cor		C. STA
(Name of Corporation as cur	rently filed with the Florida Dept. of Se	ate) - reog
N06000011115		
(Document Nu	imber of Corporation (if known)	
tursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of		Profit Corporation adopts
. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company"</u>		corporated" or the
Enton now principal office address if an	nnitashia.	
 Enter new principal office address, if ap Principal office address MUST BE A STRE 		· · · · · · · · · · · · · · · · · · ·
		
Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFF</u>	FICE BOX)	
. If amending the registered agent and/or	r registered office address in Florida er	iter the name of the
new registered agent and/or the new reg		iter the name of the
Name of New Registered Agent:		·
New Registered Office Address:	(Florida street address)	
		Elowida
	(City)	, Florida (Zip Code)
	(0.0)	(
New Registered Agent's Signature, if change hereby accept the appointment as register osition.		ept the obligations of th

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)

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
Pres	Isadore Ca	Su	554 <u>Cagan Crossings Blvd</u> ite <u>4</u> ermont, FL 34714	Add Remove
VPres	Nancy McDo	Su	554 <u>Cagan Crossings Blvd</u> ite 4 ermo <u>nt, FL 34714</u>	Add Remove
				☐ Add ☐ Remove
(attach add	ditional sheets, if nadd the foll	ecessary). (Be s		1.1 L.
Nancy Mo	Donard	Pres	Clermont, FL 34714	1VQ #4
Felicia	Burgin	VPres	8650 NW 61st Street Tamarac, FL 33321	
Brenda F	Hernandez	S/T	16554 Cagan Crossings B Clermont, FL 34714	lvd #4
Christia	an Amaya	Director	8650 NW 61st Street Tamarac, FL 33321	

The date of each amendme	nt(s) adoption: <u>June 2, 20</u> .	10
	(date of adoption	on is required)
Effective date if applicable		
	(no more than 90 days aft	er amenament file date)
		I
Adoption of Amendment(s)	(CHECK ONE)	·
The amendment(s) was/v was/were sufficient for ap		number of votes cast for the amendment(s)
There are no members of adopted by the board of o		endment(s). The amendment(s) was/were
Dated	6/21/10	:
Signature j	Now D Mode	rd
ha		he board, president or other officer-if directors rator - if in the hands of a receiver, trustee, or fiduciary)
	Nancy McDonald	
	(Typed or printed nam	ne of person signing)
	President	
	(Title of person	signing)

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