N07000 005 053

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700332001177

07/22/19--01015--020 **35.00

19 JUL 22 Rt 6: 2

JUL 3 0 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Tuscan Villa	as Condomin	ium Asso	ciation Inc.
DOCUMENT NUMBER:	N07000005	953		
The enclosed Articles of Amendm	nent and fee are submit	ted for filing.		
•		_		
Please return all correspondence o	oncerning this matter t	o the following:		
	Rosi Me	ena – New	o manage	V AS of 8-1-19
	4)	lame of Contact Pe	erson)	
Mismi Managama	T			
Miami Managemer	it inc.			
		(Firm/ Company	[,])	
1145 Sawgrass Co	rporate Parkv	vay		
<u>-</u>		(Address)		·
Sunrise Florid	a 33323			
	(C	ity/ State and Zip	Code)	1
	management.co			\
e-man	address: (to be used for	or iuture annuai rep	ort notification	1)
For further information concerning	g this matter, please ca	11:		
Rosi Meni				
		at		6-7545 EXT. 341
(Nam	e of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made paya	ble to the Florida I	Department of S	State:
		\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi S Certifi	O Filing Fee icate of Status ied Copy is issed)
Mailing Addre	<u>ss</u>	Str	eet Address	
Amendment Sec			nendment Secti	
Division of Corporations			vision of Corpo	prations
P.O. Box 6327	22214		fton Building	C' 1
Tallahassee, FL	32314	260	61 Executive C	enter Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

TUSCAN VILLAS Condomi	nium	Association	INC.
(Name of Corporation as curren	tly filed with t	he Florida Dept. of State)	-
000 PO N	00595	53	
(Document Numb			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida</i>	Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corporati	ion:		
NIA			The new
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incor	porated" or the abbreviation	
B. Enter new principal office address, if applicable:	;	SAME	
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	·	
			
C. Enter new mailing address, if applicable:	9	SAME	22
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>ြို့ တ</u>
			20 57
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		lorida, enter the name of	the
Name of New Registered Agent:		N/A	
		(Florida street address)	
New Registered Office Address:		(1 kiriuu sireei duaress)	
	2.1161	, Flor	ida
	(City)	(Z	ip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		accept the obligations of th	ne position.
	ignature of Nev	v Registered Agent, if chans	ging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, as 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 Do Y Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Pres	Robert Silva	1145 Sawgrass Corp Parkv
Add _XRemove			Sunrise , Fl.33323
2) Change	Pres	Jill Lewis	Same as Above
Add Remove 3) Change	<u>Vice</u>	Orren Taylor	
Add XRemove			
4) Change X Add	Vice	Andrew Gagliano	Same as above
Remove	Sec/Trea	Khalilah Pollack	
5) Change Add X Remove		Klafffall Foffack	
6) Change X_ Add	<u>Sec/T</u> rea	Robert Silva	Same as above
Remove			

E. If amending or adding additional Artication additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<u> </u>	
	
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
<u></u>	

The date of each amendment(s) adoption:	A10	, if other than
date this document was signed.		
Effective date if applicable:		
(no i	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this 'State's records.	s date will not be listed as the
Adoption of Amendment(s) (CE	HECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amer	ndment(s)
There are no members or members entitled adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) wa	is/were
Dated 7.17.2019		
Signature Ulee	Mojor for the BOARD	
have not been selected,	e chairman of the board, president or other officer-if of by an incorporator – if in the hands of a receiver, truiduciary by that fiduciary)	
Ulee Majo	or-LCAM	
	(Typed or printed name of person signing)	
Prop	perty Manager	
	(Title of person signing)	

than th