## N07000009042

(Requestor's Name)	
(Address)	<u>.                                    </u>
(Address)	
(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	itus
Special Instructions to Filing Officer:	
J. HORNE NOV - 3 2022	
Office Use Only	<u>)   4</u>



000388938480

06/21/22--01024--021 \*\*25.00

10/25/22--01003--001 \*\*10.00



REDECTED

2022 OCT -4 PM 12: 04

## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2022

STACIE MIXON 19005 N DALE MABRY HWY LUTZ, FL 33548 US

Ref. Number: NO7000009042

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 422A00020492

Tallahassee, FL 32314

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

The Plaza a NAME OF CORPORATION:	t Westchase Common:	s Owners Assoc	ciation,	Inc
DOCUMENT NUMBER: N07000009042				
The enclosed Articles of Amendment and fee	are submitted for filin	ng.		
Please return all correspondence concerning t	his matter to the follo	wing:		
Stacie Mixon				
	(Name of Co	ntact Person)		
Doyle & McGrath Real Estate				
	(Firm/ C	ompany)		
19005 N Dale Mabry Hwy				
	(Adc	lress)		
Lutz, FL 33548				
	(City/ State a	nd Zip Code)		-
stacie.mixon@doylemegrath.com				
E-mail address: (to	be used for future an	nual report noti	fication	)
For further information concerning this matte	r, please call;			
Stacie Mixon		813 at		948-7368
(Name of Contac	t Person)	(Area (	Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the I	lorida Departn	ient of S	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & □\$43.75 Fili Status Certified C (Additiona enclosed)	ору	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ade Amendme Division o The Centi	nt Section f Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

	700 C 7
Articles of Amendmen	
10 Articles of Incorporation	
of	** ** ** ** ** ** ** ** ** ** ** ** **
The Plaza at Westchase Commons Owners Association, Inc	n Property
Name of Corporation as currently filed with the Florida Dept. of State)	
N07000009042	
(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Namendment(s)</i> to its Articles of Incorporation:	fot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorport "Company" or "Co." may not be used in the name	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address in Flo	orida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
New Registered Office Address:	(Florida street address)
New Registered Office Address.	
	, Florida (Zip Code)
(City)	(Zip Code)

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	PT         John De           V         Mike Je           SV         Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) × Change Add	VP	Paul Sorbera	19005 N Dale Mabry Hwy Lutz, FL 33548
Remove			
2) X Change Add	<u>ST</u>	Cesar Daou	19005 N Dale Mabry Hwy Lutz, FL 33548
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			<del></del>
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee		cles, enter change(s) here: (Be specific)	
		-	

•		
<del></del>		<del>-</del>
		<del></del>
		<del></del>
<del></del>		
		<u> </u>
<b>18</b> ·		
The date of each amendment(s) adoptate this document was signed.	tion: September 23, 2022	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	<u> </u>
Satar If the data incorted in this bloods	does not meet the applicable statutory filing requirem	ents, this date will not be 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.

(Title of person signing)

DocuSign Envelope ID: 05A2D426-D1CC-4C48-B80F-E2186C018765

Pres