# N09000012184

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R. WHITE JUN 1., 2021

#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: TOWNIEY CONCOMINIUM DOCUMENT NUMBER: N The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Tounley Condominium, Inc Firm Company (ata 010 Meridian Avenue #8 (801 West 40th Street #8, Address Mole 1-16 1985 egmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (305) 951-0775

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

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# Articles of Incorporation

of

Townley condomin	ium Inc	1. 13 7 3 77
(Name of Corporation as currently	filed with the Florida l	Dept. of State)
816100001218	4	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F ts Articles of Incorporation:	lorida Profit Corporatio	on adopts the following amendment(s)
A. If amending name, enter the new name of the commendation	na	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation	ted" or the abbreviation "Corp" on name must contain the word
n market to the control of the last	nla	
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 MAY BE A POST OFFICE BOX)	nia	
new registered agent and/or the new registered office address:		e name of the
Name of New Registered Agent	nla	•
Name of New Registered Agent		
(Florida stre	net address)	
(Fibrial Sire	et address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the oblig	ations of the position.
	, , , , , ,	
Signature of New R	egistered Agent, if chang	ging
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.	

address of each Office (Attach additional shee, Please note the officer/of P = President; V= Vico Executive Officer; CFO President, Treasurer, D Changes should be note a change, Mike Jones la	r and/or D ts, if necess lirector title President = Chief Fi irector wo ed in the fo eaves the c	Director being added: sary) le by the first letter of the office to t; T= Treasurer; S= Secretary; i inancial Officer. If an officer/dir ould be PTD. llowing manner. Currently John	ittle: D= Director; TR= Tru: rector holds more than o n Doe is listed as the PS	rector being removed and title, name, and  stee: C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held.  ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change	PT	John Doe		
X Remove	<u></u>	Mike Jones		
X Add	<u>*</u> <u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
Change Add Remove	P	Jose Sar Litesus R	Hana ( Bruno Diaz)	<u>4010 Meridian</u> Ave #1 Miami Beach. FL 33140
2) Change Add	P	-dwibruno D	1az M	HOIO Meridian Ave #
Remove 3) Remove Add			(ak	a 801 W 40th St # 9 FZ 33140
Remove 4) Change				
Add Remove 5) Change				
Add				
6) Change Add				

\* The Treasurer and secretary information has not changed \*

\_\_\_\_ Remove

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	-colletion of icensed charge
n amendment provides for an exchange, reclassification, or ca ovisions for implementing the amendment if not contained in t	he amendment itself:
(if not applicable, indicate N/A)	•
(g not approach)	n/a

.

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: QPE   12 202   (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
Signature  (By a director, president or other officer – if directors or officers 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)	
PRESIDENT AROO TREASUL	RCR

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