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	COVER LETTER
TO: Amendment Section Division of Corporations	
TARPON RUN CON	NDOMINIUM ASSOCIATION INC.
N09967 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
JANEEN L RAULERSON	
·	(Name of Contact Person)
ALSOP PROPERTY MANAGEMENT LLC	
	(Firm/ Company)
P.O. BOX 1389	
	(Address)
ST. AUGUSTINE FL 32085	
	(City/ State and Zip Code)
JR@ALSOPCOMPANIES.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
JANEEN L RAULERSON	(904)647-261
(Name of Contact Person)) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

TARPON RUN CONDOMINIUM ASSOCIATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09967

,

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006. Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A		The new	ŀ
name must be distinguishable and contain the word [*] "Company" or "Co." may not be used in the name.	'corporation'' or "incorpo	rated" or the abbreviation "Corp." or "Inc,"	•
B. Enter new principal office address, if applicabl	N/A		
(Principal office address <u>MUST BE A STREET A</u>			-
	N/A	TALL ALL	-
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	9X) N/A	DCT 29 AHASS	FIL
		E C AN	- m O
	N/A		_
D. If amending the registered agent and/or registered new registered agent and/or the new registered		rida, enter the name of the	
	J/A		
	√A		-
		(Florida street address)	-
<u>New Registered Office Address</u> : N	V/A	. Florida	
-	(City)	(Zip Code)	-

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mil</u>	<u>n Doe</u> <u>ce Jones</u> <u>ly Smith</u>	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	РТ	PATTY MACFARLAND	P.O. BOX 1389
XAdd			ST. AUGUSTINE FL 32085
Remove	ST	CARY JAY JOYCE	P.O. BOX 1389
X Add			ST. AUGUSTINE FL 32085
3) Change	РТ	LYNN ALLEN	P.O. BOX 1389
Add			ST. AUGUSTINE FL 32085
4) Change	<u>s</u>	ELIZABETH MCCANN	P.O. BOX 1389
Add X Remove			ST. AUGUSTINE FL 32085
5) Change			
<u>Remove</u> Remove Change			
Add			
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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SEPTEMBER 1, 2018	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
SEPTEMBER 1, 2018 Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
□ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if directors	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
other court appointed fiduciary by that fiduciary)	

JANEEN L RAULERSON

(Typed or printed name of person signing)

AGENT

(Title of person signing)