N120000/1163

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	itate/Zip/Phone #)
PICK-UP	WAIT	MAIL .
(Busin	ess Entity Name))
(Docu	ment Number)	
Certified Copies	Certificates of	f Status
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SECRE LARY OF STATE

C. LEWIS AUG 23 2013 EXAMMER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

•	•	**
NAME OF CORPORATION: TERRACE II	I AT TREVISO BA	AY ASSOCIATION, INC.
DOCUMENT NUMBER: N12000011	1163	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
	(Name of Contact Person)
ICON Management Ser	vices, Inc.	
	(Firm/ Company)	
5284 Paylor Lane		
	(Address)	
Sarasota, FL 34240		
	(City/ State and Zip Code	2)
tony.burdett@len	nar.com	
E-mail address: (to be use	d for future annual report i	notification)
For further information concerning this matter, please	e call:	
Charles B. Capps, Esq.	_{at (} 239	336-6219
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
■ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Terrace III at Treviso Bay Association, Inc.

13 AUG 21 PM 2: 46

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

N12000011163

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known)

		Th
ime must be distinguishable and contain Company" or "Co." may not be used in	the word "corporation" or "inco the name.	rporated" or the abbreviation "Corp." or "
Enter new principal office address, it rincipal office address <u>MUST BE A ST</u>		
Enter new mailing address, if applic (Mailing address MAY BE A POST O		
-		
If amending the registered agent and	d/or registered office address in	Florida, enter the name of the
If amending the registered agent and new registered agent and/or the new		Florida, enter the name of the
Name of New Registered Agent:	registered office address:	
new registered agent and/or the new	registered office address:	

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)

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	S/T/D	Bryan Hurst	10481 Ben C Pratt/6 Mile Cypress Parkway
Add			Fort Myers, FL 33966
X Remove			
2) Change	S/T/D	Matthew Devereaux	10481 Ben C Pratt/6 Mile Cypress Parkway
X Add			Fort Myers, FL 33966
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		D 0.64	

If amending or adding additional Artiational Artiation and attach additional sheets, if necessary).	(Be specific)
	<u> </u>

Γhe	date of each amendment(s) ac	loption:		if other than the
late	e this document was signed.			
Eff	ective date <u>if applicable</u> :		FILED	
		(no more than 90 days after amen		
			13 AUG 21 PM 2:	48
A de	option of Amendment(s)	(CHECK ONE)	SECRETARY OF ST. TALLAHASSEE, FLO	ATE RIDA
	The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of al.	f votes cast for the amendment(s)	
	There are no members or mem adopted by the board of direct	pers entitled to vote on the amendment(s) ors.	. The amendment(s) was/were	
	Dated Signature	MAL PELL		
	(By the chai have not be	man or vice cherman of the board, presiden selected, by an incorporator – if in the appointed fiduciary by that fiduciary)		
	Anthony J	. Burdett		
		(Typed or printed name of person signing	g)	
	President			
		(Title of person signing)		