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TALLAHASSEE FLORING

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 402 S. Melville	Townhomes Homeowner's Association, Inc.
DOCUMENT NUMBER: N14000010422	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Byron L. Moger	
	(Name of Contact Person)
402 S. Melville Townhomes Homeowner's Asso	ciation, Inc.
	(Firm/ Company)
402 S. Melville Avenue, Unit 2	
	(Address)
Tampa, FL 33606	
100	(City/ State and Zip Code)
aemoger@mindspring.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	ease call:
Byron L. Moger	813 451-9747 at
(Name of Contact Pe	
Enclosed is a check for the following amount made	 de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	tus Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) (S52.50 Filing Fee (Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

402 S. McIVIIIe Townnomes Homeowner's Association	nation, inc.		
(Name of Corporation	n as curren	tly filed with the Florida Dept. of State)	
N14000010422			
	. 31 1	6.6	<u> </u>
(Decu	iment Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statuto	es, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the	ie corporat	ion:	
N/A			4774
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		tion" or "incorporated" or the abbreviation	The new or "Inc."
		N/A	
B. Enter new principal office address, if applic Principal office address MUST BE A STREET		`	
Principal office duaress MOST BE A STREET,	 	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	 NROYL	N/A	
(mading dudress MAT DE AT 051 01 1701	<u> 100x</u>)		
			#
			
D. If amending the registered agent and/or reg	 istered offic	ce address in Florida, enter the name of th	.e ≦ ∦ &
new registered agent and/or the new register			
	N/A		
Name of New Registered Agent:			
			型。 圣
	li	(Florida street address)	
New Registered Office Address]]]: :		夏福 2 3
	N/A		
		, Floric	1a 2 <i>Code)</i>
		(City) (Zip	Codef
New Registered Agent's Signature, if changing	Registered	Agent:	
hereby accept the appointment as registered age			position.
	# 9	ignature of New Registered Agent, if changi	ne -
		ignature by their regimered rigem, y change	re-
		Page 1 of 4	

address of each Officer (Attach additional sheets, Please note the officer/di P = President; V= Vice I Executive Officer; CFO = held. President, Treasure Changes should be noted	, if necessary) rector title by the f President; T= Trea = Chief Financial (rr, Director would in the following m wes the corporatio	peing added: Sirst letter of the office title: Surer, S= Secretary; D= Director; TR= Trus Officer, If an officer/director holds more that be PTD. Janner, Currently John Doe is listed as the P n, Sally Smith is named the V and S. These sh	stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	one <u>s</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u>	Cinar Aksu	402 S. Melville Avenue, Unit 1
Add X Remove			Tampa, Fl. 33606
2) X Change	S	 Wesley Leung	402 S. Melville Avenue, Unit 3
Add			Tampa, FL 33606
Remove	V	Kyla Samman	402 S. Melville Avenue, Unit 4
3) Change X Add			Tampa, FL 33606
Remove 4) Change	T	Amy Edwards Moger	402 S. Melville Avenue, Unit 2
X Add			Tampa, FL 33606
5) Change			
Add			
Remove			
6) Change			
Add		II.	

Page 2 of 4

___ Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

E. If amending or adding additional Articles,	 enter change(s) here:
E. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	specific)
N/A	
	•
	11
	<u> </u>
·	
	

The	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date if applicable:	
	(no m	bre than 90 days after amendment file date)
	e: If the date inserted in this block does not ument's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Add	option of Amendment(s) (<u>CHI</u>	ECK ONE)
	The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
	There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were
	Dated August 14, 2017	
	Signature	
	(By the chairman or vice have not been selected, h	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or luciary by that fiduciary)
	Byron L. Moger	
		(Typed or printed name of person signing)
	President	
		(Title of person signing)