N1500000 6324

(Requestor's Name)
(Address)
(* 1881-633)
(Address)
(City/State/Zip/Phone #)
, , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
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November 12, 2019

PATRICIA DELEON-MILLER 2611 FREDERICK BLVD DELRAY BEACH, FL 33483

SUBJECT: TROPIC CAY HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N15000006324

We have received your document for TROPIC CAY HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Catherine M Wood Regulatory Specialist II

Letter Number: 319A00023273

2019 NOV 27 PH 12:15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tropic Cay that Inc	
DOCUMENT NUMBER: N 1500000 6324	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Putricia Deleon-Miller (Name of Contact Person)	
Tropic Ceny Hot Inc. (Firm Company)	 -
21ell Frederick Rlvd.	
Pelvary Beach Ft. 33483 (City/ State and Zip Code)	
Pdel Con Otho Cyahoo. 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 (Area Code) (Daytime Telephone Number)	<u>5</u>
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S43.75 Filing Fee & S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	
Amendment Section Amendment Section Division of Corporations Division of Corporation	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

10

Articles of Incorporation of
(Name of Corporation as currently filed with the Florida Dept. of State)
NISODOOGS24
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Delvay Beach, Fi
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) 2611 FVCOTVICK BIVE
Delvay Beach, Fr.
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: Patricia Delcon-Milter
New Registered Office Address: New Registered Office Address:
Dervay Ben. Florida 33483
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.
No. 20 No
Signature of New Registered Agent, if changing
Page 1 of 4
μ . We have the second contribution of μ . We have μ and μ . We have μ . We

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		<u>Doe</u> Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	<u>RD</u> T	Frank Dino	2234 N Federal Hwy #4 Boen (2aton, Fr. 33431
2) Change Add Remove	P,D,T	Patricia Delcon-Mill	Cr 2611 Frederick Blod Delvay Beach, Fil
3) Change Add Remove	P,D,T	Ankoor Jivan	33483 2605 Frectener Blvd. Delvay Bearn II 33483
4) ChangeAdd Remove	VP,D	Kim Lundquist	2608 Florida Blvd. Dervay Blvd. The 33483
5) Change Add Remove			
6) Change Add Remove		Page 2 of 4	

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The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	idopted by the members and the number of votes cast for the amendment(s)	
There are no members or mem adopted by the board of direct	ors.	
Dated	22 19	
Signature	en .	
HATCHOUDE	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Patricia Delcon Miller (Typed or printed name of person signing)	
	Pres, Officer - Director (Title of person signing)	