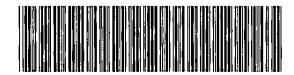


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COVER LETTER

TO: Amendment Section Division of Corporations , NAME OF CORPORATION: MCCKYN DOYAL COMMUNITY ASSOCIATION, INC. DOCUMENT NUMBER: N 150000 9071 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jayme Halli (Name of Contact Person) TZVVIN (Firm/ Company) 2665 South Bayshare Drive, Suite 1020 · CCCCNUT GYOVE, TL 33133
(City/State and Zip Code) CVTZ & TEWACY CLUB. COM
E-mail address: (b) be used for future annual report notification) For further information concerning this matter, please call: Sensitive OV TZ at 305 LH6 LG56

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status 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 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

MULEVY DEVAL COMMUNITY ASSUCIATION INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N150000009071	
	iber of Corporation (if known)
Pursuant to the provisions of section 647.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ition:</u>
	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2) 2 - 2 -
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	•
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent:	
	<u>. </u>
New Registered Office Address:	(Florida street address)
<u> New Registerea Одисе Adaress</u> .	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for	
:	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	<u>V</u> <u>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PD	Adam Adler	2665 Suth Payshare Pr Suite 1020 Coconnt char FL 33133
2) Change Add Remove	PD	Osvaldo Nuncz	2665 South Proujhore Dr Suite 1020 coccnut Grave, FL 33133
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional she	ets, if necessary).	(Be specific)			
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The date of each amendment(s) a late this document was signed.	loption:	, 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 blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast for the amendmen al.	u(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/wereors.	С
Dated	76/18	
Signature	rifu Ortin	
have not be	rman of vice chairman of the board, president or other officer-if directo en selected, by an incorporator — if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	
·	ennifer Ortiz (Typed or printed name of person signing)	_
	Secretary (Title of person signing)	_