## NIS 0000 11788

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(Ad	dress)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

McElroy NAME OF CORPORATION:	Townhomes HOA, Inc.				
N1500001178					
DOCUMENT NUMBER:			<u> </u>		
The enclosed Articles of Amendment and	fee are submitted for filing				
Please return all correspondence concernir	ng this matter to the followi	ng:			
Jeff Leitman					
·····	(Name of Cont	act Person	)	<del></del>	
McElroy Townhomes HOA					
<u> </u>	(Firm/ Con	npany)	<del>.</del>		
4910 W McElroy Ave Unit #4					
	(Addre	ess)			
Tampa, FL 33611					
	(City/ State and	l Zip Code	)		·· <del>····</del>
jeffleitman@msn.com					
E-mail address:	(to be used for future annu	al report n	otification	i)	
For further information concerning this ma	atter, please call:				
Jeff Leitman				727-8915	
(Name of Con	tact Person)	a(Are	a Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amou	unt made payable to the Flo	orida Depai	rtment of	State:	
□ \$35 Filing Fee ■\$43.75 Fili Certificate	_	у	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	;	Division	nent Sect		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

	Articles of Amendmen	t S	•
	to Articles of Incorporatio	on	
	of	on Discon	55
Name of Corporation as currently filed with the N15000011788	Florida Dept. of State)		
	ent Number of Corporation	(if known)	
	-		
Pursuant to the provisions of section 617.1006, Florumendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida N</i>	of For Profit Corporation adopts the follow	ving
A. If amending name, enter the new name of the	corporation:		
		The r	n or o
name must be distinguishable and contain the word			
'Company" or "Co." may not be used in the name	4910 W McElro	ov Ave. Unit #4	
B. Enter new principal office address, if applicable of the principal office address MUST BE A STREET AL	ole:		
meipar office dataless <u>most be A STREET AL</u>	7 Tampa, PL 3501		
	***************************************		
C. Enter new mailing address, if applicable:	4910 W McFlrd	oy Ave. Unit #4	
(Mailing address MAY BE A POST OFFICE B	<u></u>	· · · · · · · · · · · · · · · · · · ·	
	Tampa, FL 3361	, I	
D. If amending the registered agent and/or regist	tered office address in Flo	orida, enter the name of the	
new registered agent and/or the new registere	d office address:		
Name of New Registered Agent:	Jeff Leitman		<del>_</del>
	4910 W McElroy Ave. Uni	it #4	
New Registered Office Address:		(Florida street address)	
<u> </u>	Tampa	33611	
	(City)	, Florida, Florida	
New Registered Agent's Signature, if changing R	egistered Agent:		
hereby accept the appointment as registered agent.		ccept the obligations of the position.	
	$\Lambda$	7/1	
	/ // //	7	

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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	Chris Willingham	405 1st Street St Augustine, FL 32084
X Remove			
2) X Change Add	<u>p</u>	Jeff Leitman	4910 W McElroy Ave Unit #4 Tampa, FL 33611
Remove Change Add Remove	<u>T</u>	Casey Brecher	4910 W McElroy Ave Unit #5 Tampa, FL 33611
4) Change Add	<del></del>	*	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Arti	cles, enter change(s) here: (Be specific)	

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1811 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
The date of each amendment(s) adopt	ion:			, if other than the
date this document was signed.				
Effective date if applicable:				
meetive date it applicable.	(no more than 90 day	vs after amendment fi	le date)	
Note: If the date inserted in this block d	oes not meet the applic	cable statutory filing re	equirements, this date will i	not be listed as the
document's effective date on the Departi	ment of State's records	•		

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s)

July 6th 2020 Dated
Signature Missilen
(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)
Chris Willingham
(Typed or printed name of person signing)
President

(Title of person signing)