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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	F VILLAS HOMEOV	VNERS' ASSOC	CIATION, INC.
N16000000590 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	· ·	
Please return all correspondence concerning this ma	atter to the following:		
MARK W. GESCHWENDT, ESQ.			
	(Name of Contact	Person)	
MIROMAR DEVELOPMENT CORPORATION			
	(Firm/ Compa	ny)	
10801 CORKSCREW RD., SUITE 305			
	(Address)	<u>·</u>	
ESTERO, FL 33928			
	(City/ State and Zip	Code)	
MGESCHWENDT@MIROMAR.COM			
E-mail address: (to be us	sed for future annual re	port notification	n)
For further information concerning this matter, plea	se call:		
RACHEL MARKS	a	(239)	390-5100
(Name of Contact Pers	on)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
S35 Filing Fee	& \$\subseteq\$\$\\$\\$ Certified Copy (Additional copy enclosed)	Certifi is Certifi	0 Filing Fee icate of Status ied Copy is osed)
Mailing Address Amendment Section	<u>S</u>	treet Address mendment Secti	on.
Division of Corporations		ivision of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currentl	y filed with th	e Florida Dept. of S	State)	
N16000000590					
(Docur	nent Number	of Corporation	on (if known)		
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	rida Statutes.	this <i>Florida i</i>	Not For Profit Corpo	oration adopts the following	lowing
A. If amending name, enter the new name of the	e corporatio	<u>n:</u>			
N/A				77	ie new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorp	porated" or the abbro	eviation "Corp," or '	'Inc."
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>	<u>ıble:</u>	N/A			
	-			·	10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	N/A			- 435
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). If amending the registered agent and/or regis			lorida, enter the nar	me of the	င္သ
new registered agent and/or the new register	red office ad	<u>dress:</u>			
Name of New Registered Agent:	N/A				
<u>New Registered Office Address:</u>			(Florida street addre	essi	
	N/A				
		(City)		_, Florida (Zip Code)	
Sew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			accept the obligation	ns of the position.	
· · · · · · · · · · · · · · · · · · ·	-		•	·	
-	Sig	nature 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	STD	MICHAEL FABIAN	18061 Miromar Lakes Parkway
Add			Miromar Lakes, Florida 33913
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)			
N/A				
				
				
_ 				-
				. <u> </u>
		•		
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	 .			

The date of each amendment	t(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	August 30, 2019	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	07/30/2019	
Signature	e chairman or vice chairman of the board, president or other officer-if directors	
nave i	not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
RI	CH POMEROY	
_	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	

OFFICER/ DIRECTOR RESIGNATION

MIROMAR GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC. A Florida Not-for-Profit Corporation

The Undersigned, MICHAEL FABIAN, hereby resigns as SECRETARY/TREASURER/DIRECTOR for MIROMAR GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC., Document Number N16000000590, a non-profit corporation organized under the laws of the State of Florida.

	MD	
MICHAEL FABIAN		_
Date:	8/31/19	