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COVER LETTER

TO: Amendment Section Division of Corporations

South Melville Town	nhomes Plaza Ass	ociation,	Inc.		
DOCUMENT NUMBER:					A STATE OF THE PARTY OF THE PAR
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				3
Please return all correspondence concerning this matte	er to the following	;			F.
Ms. Jacqueline Rivera					
	(Name of Contac	t Person))		
 	(Firm/ Comp	any)			
401 South Melville Avenue					
	(Address))			
Tampa, FL 33606					
	(City/ State and Z	ip Code))		
jrtigger@aol.com					
E-mail address: (to be used	for future annual	report no	otification	1)	
For further information concerning this matter, please	call:				
Jacqueline Rivera		727		647-0413	
(Name of Contact Person			a Code)	(Daytime Telephone N	iumber)
Enclosed is a check for the following amount made pa	yable to the Florid	la Depar	tment of t	State:	
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)		Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division Clifton I 2661 Ex	nent Secti of Corpo Building	enter Circle	

Articles of Amendment ot Articles of Incorporation of

South Melville Townhomes Plaza Association, Inc.

N16000003251

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

A. If amending name, enter the new name of the c	corporation:					
N/A		T1				
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	'corporation" or "incorporated	The new d" or the abbreviation "Corp." or "Inc."				
B. Enter new principal office address, if applicable	e: 401 South Melville A	401 South Melville Avenue				
(Principal office address MUST BE A STREET AD						
						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(DX) 401 S. Melville Avenue					
	Tampa, FL 33606					
						
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida,	enter the name of the				
	equeline Rivera					
Name of New Registered Agent:						
40	11 South Melville Avenue					
New Registered Office Address:	(Flo	orida street address)				
	ımpa	Florida 33606				
	(City)	(Zip Code)				

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>Mi</u>	hn <u>Doc</u> ike Jones Ily Smith	·
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Jacqueline Rivera	401 S. Melville Avenue
X Add			Tampa, FL 33606
Remove			
2) Change	<u>v</u>	Denyse Ramesar	403 S. Melville Avenue
X Add			Tampa, FL 33606
Remove			
3) Change	T	Sergio Pradilla	403 S. Melville Avenue
X Add			Tampa, FL 33606
Remove			
4) Change	P	Eric P. Frantzen	219 S. Packwood Avenue
Add			Unit B
X Remove			Tampa, FL 33606
5) Change	V	John B. Frantzen	219 S. Packwood Avenue
Add			Unit B
X Remove			Tampa, FL 33606
6) Change	ST	Chris Michaud	219 S. Packwood Avenue
Add			Unit B
			Tampa, FL 33606
x Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)						
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	March 1, 2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_	y 19, 2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requiepartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east ral.	for the amendment(s)
There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendors.	dment(s) was/were
May 19, 20 Dated	017	
Signature 🔟	Jugulia	
have not be	rman onlyice chairman of the board, president or other sen selected, by an incorporator – if in the hands of a r appointed fiduciary by that fiduciary)	
Jacqueli	ne Rivera	
	(Typed or printed name of person sign	ning)
	President	
	(Title of person signing)	<u> </u>