N1800000 3729

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to F	Filing Officer:		

Office Use Only



900329399459

U5/28/19--U1012--U17 **52.50

SECRETAIN OF STATE

JUN 11 2019

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

9th & Arlington Townhomes NAME OF CORPORATION:	Association Inc.
N18000003729 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	filing.
 Please return all correspondence concerning this matter to the fo	ollowing:
Michael Grandoff	
(Name of	f Contact Person)
ICON Residential	
(Firm	n/ Company)
6911 Pistol Range Road, Suite 101A	
-	Address)
Tampa, FL 33635	
(City/ St	ite and Zip Code)
info@iconrestiving.com	
E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	
Michael Grandoff	813 510-3592 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to t	he Florida Department of State:
	ed Copy Certificate of Status onal copy is Certified Copy
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 Tallahaeess, El. 32301

Articles of Amendment

Articles of Incorporation

of

9th & Arlington Townhomes Association Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N18000003729 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The District Townhome Association Inc. 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 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Zip Code)

Page 1 of 4

(City)

address of each Offic (Attach additional she Please note the officer P = President; V= Vic	er and/or I ets, if neces /director tit e President O = Chief F	Director being added sary) le by the first letter of ; T= Treasurer; S= Se Tinancial Officer, If a	: the office title: cretary: D= Directo	r; TR= Trustee	ector being removed and title, names; $C = Chairman \ or \ Clerk; \ CEO = Cone \ title, list the first letter of each office$	hief
	leaves the c	orporation, Sally Smi	h is named the V and		and Mike Jones is listed as the V. Th ld be noted as John Doe, PT as a Ch	
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	,	Ţ	Address	
1)Change		_N/	9		<u> </u>	
Add				_		
Remove				_		
2) Change		_				
Add						
Remove				_		
3) Change						
Add						
Remove				_		
4) Change		_				
Add						
Remove				_		
5) Change		_				
Add				_		
Remove				_		
6) Change		 				
Add						

Page 2 of 4

_ Remove

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary). (Be specific)				
NIA				

04/08/19	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the applocument's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the rds.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members a was/were sufficient for approval.	and the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	he amendment(s). The amendment(s) was/were
05/22/19 Dated	
Signature (By the chairman or son chairman of	f the board, president or other officer-if directors
	porator – if in the hands of a receiver, trustee, or
Michael Grandoff	
(Typed o	r printed name of person signing)
President	
	(Title of person signing)
	1