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(Reque	estor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

TARA WEST END HOMEOWNERS' ASSOCIATION, INC. NAME OF CORPORATION:
N18000008314 DOCUMENT NUMBER:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Silvia Moukhtara Nemer
(Name of Contact Person)
Tara West End Homeowners' Association, Inc.
(Firm/ Company)
7717 NW 20th Lane
(Address)
Gainesville, FL 32605
(City/ State and Zip Code)
silvia@moukhtara.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Silvia Moukhtara Nemer 352 870-8772
(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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) S52.50 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 of

TARA WEST END HOMEOWNERS' ASSOCATION, INC.

(Name of Corporation as curren	tly filed with the Flo	orida Dept. of State)	
N18000008314			
(Document Numb	er of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corporat	ion:		
			The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorporat	ed" or the abbreviation "Co	rp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	<u> </u>
			글음 끝
C. Enter new mailing address, if applicable:			9 JU Gre Alle
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			ASSET PR
			<u></u>
D. If amending the registered agent and/or registered office	ce address in Florida		705 705
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent:			
		Florida street address)	
New Registered Office Address:			
		Florida	
	(City)	(Zip Code	•)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ot the obligations of the posit	ion.
	ionature of New Revi	stered Avent, 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>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>	Address
1) X Change	PD	Sayed Moukhtara	7717 NW 20th Lane
Add			Gainesville, FL 32605
Remove			
2) X Change	TD	Berit H Lassen	7717 NW 20th Lane
Add			Gainesville, FL 32605
Remove			
3) X Change	<u>V</u>	Philip H Moukhtara	7717 NW 20th Lanc
Add			Gainesville, FL 32605
Remove			
4) X Change	SD	Silvia Moukhtara Nemer	7717 NW 20th Lane
Add			Gainesville, FL 32605
Remove			
5) Change			
Add			
Remove			
(Change		•	
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)			
			 	
				
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· · · · · · · · · · · · · · · · · · ·	May 31, 2019	
The date of each amendmendate this document was signed	nt(s) adoption:	, if other than the
-	May 31, 2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/ was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
Signature(By the have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)	-
_	(Typed or printed name of person signing)	
Se	ecretary and Director	
_	(Title of person signing)	