1118348

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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	201 Maitland Avenue	e Condominium As	sociatio	n, INC	
DOCUMENT NUMBER:	N18348				
The enclosed Articles of Am	nendment and fee are subr	nitted for filing.			
Please return all corresponde	ence concerning this matte	er to the following:			
Clayton Miller					
		(Name of Contact l	Person)		
		(Firm/ Compar	1y)		
201 Maitland Ave Suite 101	3				
		(Address)		<u>.</u>	
Altamonte Springs, FL 3270)1				
		(City/ State and Zip	Code)		
claymillervb@gmail.com					
E	-mail address: (to be used	for future annual re	port no	tification)
For further information conc	erning this matter, please	call:			
Clayton Miller		а	407		8340330
	(Name of Contact Person))	(Area	Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida	Departi	ment of S	tate:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)		Certific Certific	Filing Fee cate of Status ed Copy is conal Copy is sed)
Mailing A	.ddress	<u>s</u>	treet Ac	<u>idress</u>	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

201 Maitland Avenue Condominium Association,	, INC	
(Name of Corporation	n as currently filed with the Florida	Dept. of State)
N18348		
(Docu	ment Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For P</i>	rofit Corporation adopts the fortowing
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam		or the abbreviation "Corp." or "Inc.
B. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered office address in Florida, en red office address:	ter the name of the
Name of New Registered Agent:	Clayton Miller	
	201 Maitland Ave. Suite 1013	
New Registered Office Address:		a street address)
-	Altamonte Springs	, Florida 32701
	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered agen		obligations of the position.
-	Signature of New Pagisters	d 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	<u>V</u> <u>Mik</u>	n <u>Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	Williams, Marcus O., III	201 Maitland Avenue
Add			Altamonte Springs, FL 32701
X Remove			
2) Change	PD	Miller, Clayton J	201 Maitland Avenue
xAdd			Altamonte Springs, FL 32701
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		···	
Remove			

attach additional sheets, if necessary).	(Be specific)
	
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	e date of each amend this document was s	dment(s) adoption:	, if other than the
Effe	ective date <u>if applic</u>	immediate	
		(no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this e on the Department of State's records.	s date will not be listed as the
Ada	option of Amendme	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amer for approval.	ndment(s)
	There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) ward of directors.	ns/were
	Dated	3/9/17	
	Signature	MI Mu	
	`.	By the chairman of vice chairman of the board, president or other officer-if d have not been selected, by an incorporator — if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
		Marcus O Williams, III	
		(Typed or printed name of person signing)	
		PD	
		(Title of person signing)	