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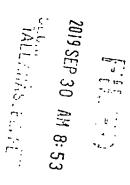
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

TREASURE COAS	ST LANDLORDS'	ASSOCIATI	ON, INC.	
N19000010149 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub	mitted for filing.	****		
Please return all correspondence concerning this matt	er to the following:			
	(Name of Contact	Person)		
THE DEL TORO LAW GROUP				
	(Firm/ Compa	ny)		
525 CAMDEN AVENUE				
	(Address)			
STUART, FL 34994				
	(City/ State and Zip	Code)		
closings@deltorolawgroup.com				
E-mail address: (to be used	I for future annual re	eport notificat	ion)	
For further information concerning this matter, please	call:			
Peter D. Del Toro, Esq.	<b>:</b>	772 1t	359-4945	
(Name of Contact Person			e) (Daytime Telephone Nu	mber)
Inclosed is a check for the following amount made pa	iyable to the Florida	Department	of State:	
■ \$35 Filing Fee		r is Cer (Ac	2.50 Filing Fee minicate of Status mified Copy dditional Copy is closed)	
Mailing Address Amendment Section	_	treet Addres		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status  Mailing Address	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	e & □\$5: Cer r is Cer (Ac En	2.50 Filing Fee nifficate of Status tiffed Copy Iditional Copy is closed)	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## TREASURE COAST LANDLORDS' ASSOCIATION, INC.

(Name of Corporation	<u>i as curr</u>	ently filed with the Flo	orida <u>Dept. of St</u>	ate)	
N19000010149					
(Docur	nent Nun	nber of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Stati	ites, this <i>Florida Not F</i>	er Profit Corpor	ution adopts th	ie following
A. If amending name, enter the new name of the	e corpor	ation:			
SAINT LUCIE COUNTY LANDLORD ASSOCI	IATION,	INC.			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ration" or "incorporat	ed" or the abbrev	iation "Corp.	
B. Enter new principal office address, if applica		N/A			
(Principal office address <u>MUST BE A STREET A</u>	IDDKES.	<u> </u>			_~>
				, A	910
				-	מ- נבו
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROY	N/A		: :	ယ် '
(Stating duaress <u>Stat Br. A POST OFFICE B</u>				<del> </del>	<u> </u>
		-		- :	<u> </u>
				· ·	<del>ු දුරු</del> දුරු
D. If amending the registered agent and/or regi- new registered agent and/or the new register			a, enter the name	of the	ω
<del> </del>	N/A				
Name of New Registered Agent:	-				
	N/A				
New Registered Office Address:		(	Florida street address	)	
	N/A				
		(City)	·	Florida <u> </u>	
		•		(,	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered ager			nt the abligations	af ilia nacitiai	
nevery accept the approximent as registered ager	u. rum,	jamina win and acce	n the onlightons	oj trie position	i.
-	•	Signature of New Regi	istered Avent, if c	hanvine	

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>John Doe</u> Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change		N/A	 	
Add				
Remove				
2) Change		· · · · · · · · · · · · · · · · · · ·		
Add				
Remove				
3 ) Change			 	
Add				
Remove				<del></del>
4) Change			 	
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change				
Add		-	 	
Remove				

E. If amending or adding addition (attach additional sheets, if necess	sary). (Be specific)			
N/A				
				* · · · · · · · · · · · · · · · · · · ·
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The	date of each amendment	09/27/2019 (s) adoption:	, if other than the
	this document was signed		, if other than the
Effe	ective date <u>if applicable;</u>	09/27/2019	
		(no more than 90 days after amendment file date)	
Not docu	e: If the date inserted in thus ument's effective date on the	is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Ada	option 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) proval.	
	There are no members or adopted by the board of c	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
	09/27 Dated	/2019	
	Dated		
	Signature		
	(By the	chairman or vice chairman of the board, president or other officer-if directors	
		ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	omer	our appointed fiduciary by that fiduciary)	
	Pet	er D. Del Toro, Esq.	
	_	(Typed or printed name of person signing)	
	Re	gistered Agent	
	<u> </u>	(Title of person signing)	