## N19000 010 149

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	·
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



700336447697

1100/19--01002-020 4425.55

SECREMANY OF STATE



## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:			N. INC.
N19000010149 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm			
Please return all correspondence concerning this matter	to the following:		
PETER D. DEL TORO, ESQ.			
(	Name of Contact Pe	erson)	
THE DEL TORO LAW GROUP LLC			
	(Firm/ Company	y)	
52 SW CAMDEN AVENUE			
	(Address)		
STUART, FLORIDA 34994			
	City/ State and Zip	Code)	
PETER@DELTOROLAWGROUP.COM			
E-mail address: (to be used	for future annual rep	oort notification	1)
For further information concerning this matter, please of	:all:		
PETER D. DEI. TORO, ESQ.	at	844	
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	rable to the Florida !	Department of	State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status		Certit is Certit	icate of Status led Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ai Di	reet Address mendment Sect vision of Corpo ifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

Ar	ticles of Amendment	
A et	to ticles of Incorporation 📆	
All	of the state of th	
SAINT LUCIE COUNTY LANDLORD ASSOCIATION	N. INC.	
(Name of Corporation as cur	rrently filed with the Florida Dept. of State 2 2 13 NW - 8 12 12	
N19000010149	2919 NOV -8 1- 634 -	
(Document N	umber of Corporation (if known IRF TARY UTARLE AHASSEE, FLGWILD	
Pursuant to the provisions of section 617.1006. Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpo	oration:	
		_The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name	poration" or "incorporated" or the abbreviation "Corp."	or "Inc."
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	ESS )	
	<u> </u>	
2. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered offi</li> </ol>		
·	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
to hegalette office march.		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are	ered Agent: m familiar with and accept the obligations of the position.	
	Signature of New Registered 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	$\overline{\underline{\mathbf{V}}}$ Mi	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JEFFREY MILLER	2355 SEAFURY LANE
Add		-	PORT ST. LUCIE, FL 34952
X Remove			<u> </u>
2) Change	VP	MARK DEROSA	2355 SEAFURY LANE
Add			PORT ST. LUCIE, FL 34952
x Remove			
3.) Change	P	D. MARK DEROSA	2355 SEAFURY LANE
x Add			PORT ST. LUCIE, FL 34952
Remove			
4) Change	VP	JEFF MILLER	2355 SEAFURY LANE
x Add			PORT ST. LUCIE, FL 34952
Remove			
5) Change	S	BLAKE MILLER	2355 SEAFURY LANE
<u>x</u> Add		-	PORT ST. LUCIE, FL 34952
Remove			
6) Change	Т	JOHN STALLINGS	2355 SEAFURY LANE
X Add			PORT ST. LUCIE, FL 34952
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
<u></u>							
···							
	<del></del>					*	
<del></del>	<del></del>				-		
				<del></del>			<u> </u>
····					<del>,</del>		
	_ <del></del>		-				
			-				
	·-						
<del></del>							
	<u>-</u>	<u> </u>					
						<u></u>	
		<b></b>		<u>.</u>			
			-				
						<del></del>	
				<u></u>	<del></del>		
				<del>-</del>			
<del></del>	<u>.</u>	· · · · · · · · · · · · · · · · · · ·				<del></del>	

ľho	he date of each amendment(s) adoption:	, if other than the
	ate this document was signed.	
Eff	ffective date if applicable:	
	(no more than 90 days after amend	lment file date)
	ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Ade	doption of Amendment(s) (CHECK ONE)	
	■ The amendment(s) was/were adopted by the members and the number of was/were sufficient for approval.	votes cast for the amendment(s)
	There are no members or members entitled to vote on the amendment(s), adopted by the board of directors.	. The amendment(s) was/were
	Dated	
	Signature	dunt an arthur officers is discourage
	(By-the chairman or vice chairman of the board, president have not been selected, by an incorporator — if in the other court appointed fiduciary by that fiduciary)	
	D. MARK DEROSA	
	(Typed or printed name of	(person signing)
	PRESIDENT	
	(Title of perso	n signing)