N190000 11995

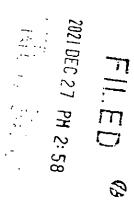
(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Amelia Ave Loft Hon	nes Homeowners A	ssociation Inc	202107027 79 8:13	
N	1900ж)11995				
DOCUMENT NUMBER: _			<u>. </u>		
The enclosed Articles of Amer	idment and fee are subm	itted for filing.			
Please return all corresponden	ce concerning this matter	to the following:			
Joseph Mokas					
	1	Name of Contact Pe	erson)		
New Business Filing					
		(Firm Compan	v)		
925 Congress Park Drive					
		(Address)	····		
Dayton, Ohio 45459					
		City/ State and Zip	Code)		
Orders/a newbusinessfiling.or	F				
E-1	maîl āddress: (tō/be used)	for future annual re	port notificatio	n)	
For further information conce	rning this matter, please o	rall.			
Joseph Mokas			888	701-6450	
1.	Same of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fol	llowing amount made pa	yable to the Florida	Department of	State:	
S35 Filing Fee	□\$43.75 Filing Fee & - { Certificate of Status	IS43.75 Filing Fee Certified Copy (Additional copy enclosed)	Centil is Certif	icate of Status ied Copy tional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			
		2415 N. Monroe Street, State 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Amelia Ave Loft Homes Homeowners Association	i Inc			
Name of Corporation as currently filed with the	: Florida I	Dept. of State)		
N19000011995				
(Docum	ent Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ada Statute	es, this <i>Florida Not For Proj</i>	fit Corporation adopts the following	
A. If amending name, enter the new name of the	: corporati	ion:		
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name	Corporal	tion" or "incorporated" or i	The new the abbreviation "Corp." or "Inc "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		106 West Amelia Ave Uni	tВ	
		Tampu, FL 33602		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		106 West Amelia Ave Uni		
		Tampa, FL 33602	C 27	
			20° 2 17	
D. If amending the registered agent and/or reginew registered agent and/or the new register			r the name of the	
		NA KILMARTIN		
	106 West Amelia Ave Unit B			
New Registered Office Address:	(Florida street address)			
	Tampa		, Florida	
		(Cuy)	ıZıp Codes	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered at Lam ta	Agent: miliar with and accept the o	bligations of the position	
-	S	gnature of New Registered .	Agent, if changing	

If a mending 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, it 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	$\frac{\overline{\nabla}}{\nabla}$ $\frac{\overline{Mi}}{2}$	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Tale</u>	<u>Name</u>	Address
1) Change Add	D	GORRITZ, DANIEL	PO Box 5346 Tampa, FL 33675
X Remove	<u>D</u>	MACKINNON, ANTHONY L	PO Box 5346 Tampa, FL 33675
Remove	D	BRATIC, DORIS	PO Box 5346 Tampa, FL 33675
4)Change Add	D	KILMARTIN, CHRISTINA	Tampa, FL 33675
Remove 5 Change Add	<u>1) </u>	HOGAN, DONNA	106 West Amelia Ave Unit A Tampa, FL 33675
Remove 6) Change Add	D	SURIN, MAKS	Tampa, FL 33675
E. If amending or ad tattach additional s		Articles, enter change(s) here: ry). (Be specific)	

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	11/18/2021			at advantaban da
The date of each amendment(s) adoption:		/		, if other than the
date this document was signed.				
Effective date if applicable:				
in-	o more than 90 das	s after amendment	jile date)	
		11	المعروبية والمراجعة والمسترين	nat ha hetadae tha
Note: If the date inserted in this block does document's effective date on the Department	not meet the applic	ante statutory itting	requirements, this date will	not be usion as the
document 8 effective date on the Department	corplate steedids			
Adoption of Amendment(s)	CHECK ONE)			
•				
 The amendment(s) was were adopted by was were sufficient for approval. 	y the members and	the number of vote:	s east for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
Dated	11/18/2021				
Signature					
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	CHRISTINA KILMARTIN				
	(Typed or printed name of person signing)				
	Director				
	(Title of person signing)				