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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	Villa	Bantri	Tour	home Condo	<u>-As</u> Soc .
DOCUMENT NUMBER:	N2000C	000 4969			
The enclosed Articles of Amendm	ent and fee are subm	itted for filing.			
Please return all correspondence co	oncerning this matter	to the following:			
	Care	n Mar	M		
	(Name of Contact Per	son)		
Villa Bron	itri Tous	nhone (Firm/Company)	Cend) Assoc.	
37	21 SU	(Address)	~ PL	Unit A	
		(Address)			
	(1	City/ State and Zip C	ode)		
Co	co 1127	@ (smail repo	1 · Car	<u> </u>	
For further information concerning			it notification	.,,	
Caren	Many	at _	305-	731-5174	
(Name	of Contact Person)	((Area Code)	(Daytime Telephone Num	iber)
Enclosed is a check for the following	ng amount made pay	able to the Florida D	epartment of	State:	
⊠\$35 Filing Fee □\$4. Co	3.75 Filing Fee & C rtificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	9 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Sec Division of Corp P.O. Box 6327	tion orations	Ame Divi	et Address endment Section of Corpo Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

VILLA BRANTRI TOWNHOM	E CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida D	ept. of State)
NJMMO	04969
	er of Corporation (if known)
· ·	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	77
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	3721 SW 88th PL Unit A
(Principal office address MUST BE A STREET ADDRESS)	2711 -
· · · · · · · · · · · · · · · · · · ·	Miami FL 33165
C. Enter new mailing address, if applicable:	A Course CC City C
(Mailing address MAY BE A POST OFFICE BOX)	1 Same as above.
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent:	Laren Mahy
	1
3	12 SW 8817 PL Unit A (Florida street address)
New Registered Office Address:	(Florida street address)
	12165
	1 iam 1 , Florida 33165 (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
	Jenn M
Sig	gnature 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	PT John De V Mike Jo SV Sally St	ones	
Type of Action (Check Onc)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	DP	Maximilian Michael Tower	2090 NW 133 Ave Vait 1 MismiFL 32182
2) Change X	<u>DS</u>	Mata, Hector	2040 NW 133 AVE Uni+1 Migmi FL 33182
Remove Change Add Remove	DT	Diana Cuicedo Restrepo	2090 NW 133Ave. Unit A Miami PL 33192.
4) Change Add	P	Caren Maly	3721 SW 8877 PL Uni+ A MIGM, FL 33165
Remove 5) Change Add	<u>V</u>	Jessica Cornallo	3721 Sw Ben PL Unit B MIGMI FL 33165
Remove 6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: 9-14-20 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

_	adopted by the board of directors.
	Dated 9-14-20
	Signature Cerry
	(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)
	Caren Mahy
	(Typed or printed name of person signing)
	President
	(Title of person signing)