N2100000 8881

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COVER LETTER

TO: Amendment Section Division of Corporations			•
Madeira Beach	1 Walk Homeowners'	Association Inc.	
N21000008881 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee as	re submitted for filing.		
Please return all correspondence concerning this	s matter to the followi	ng:	
David Capece			
	(Name of Cont	act Person)	
	(Firm/ Con	ipany)	
4614 W. Lowell Avenue			
	(Addre	ss)	
Tampa, Florida 33629			
	(City/ State and	Zip Code)	
davidjcapece@gmail.com			
E-mail address: (to b	e used for future annu	al report notificati	on)
For further information concerning this matter,	please call:		
Leigh Fletcher		813 at	898-2828
(Name of Contact F	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Flo	rida Department o	f State:
□ \$35 Filing Fee ■\$43.75 Filing Fe Certificate of St	ee & S43.75 Filing atus Certified Cop (Additional e enclosed)	opy is Cert Opy is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Sec Division of Corp The Centre of 2415 N. Monro	porations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

A	rucies of incorporation	
Madeira Beach Walk Homeowners Association, Inc.	of	2022 JUN 21 P
Name of Corporation as currently filed with the Flor	<u>rida Dept. of State</u>)	•
(Document S	Sumber of Corporation (if know	vn)
Pursuant to the provisions of section 617,1006, Florida S mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
Madeira Beach Walk Condominium Association, Inc.		The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	poration" or "incorporated" (or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		
). If amending the registered agent and/or registered		ter the name of the
new registered agent and/or the new registered of	lice address:	
Name of New Registered Agent:		
Var. De sistema LOGG (11)	(Floric	la street address)
<u>New Registered Office Address:</u>		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist		
hereby accept the appointment as registered agent. To	un familiar with and accept the	obligations of the position.
	, ,	,
	David Laput Signature of New Registere	
	— Signature of New Registere	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 hold. 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>Mil</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ing additional rets, if necessar,	Articles, enter change(s) here: v). (Be specific)	
	<u> </u>		· ·
			····-

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(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 cast for the amendment(s) was/were sufficient for approval.

DocuSign Envelope ID: 4FA6B72B-6A89-4FAC-89A4-DEEA075D78A4

DocuSign Envelope ID: 4FA6B72B-6A89-4FAC-89A4-DEEA075D78A4

	6/3/2022
Dated	V. 1140e2
	OccuSigned by:
Signature	David Capece
	(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)
	· · · · · · · · · · · · · · · · · · ·
	other court appointed fiduciary by that fiduciary)