N23959

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800297135938

03/31/17--01022--026 **35.00

FILED
2011 MAR 31 MIII: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIGA

Amend

APR 0 4 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tropica	a village owners Association
DOCUMENT NUMBER: N23959	<u> </u>
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Richard Has	skins
	(Name of Contact Person)
Holiday Get	- Away Inc
•	(Firm/ Company)
3685 Seasi	de Dore
<u> </u>	(Address)
· Ken wec	+ FC 33040 (City/ State and Zip Code)
	(City/ State and Zip Code)
	·
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call;
D wand Washing	201 OR U.S
Name of Contact Person	at 305-296-4661 (Area Code) (Daytime Telephone Number)
·	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	2001 EVERHIAR CRIME! CITCLE

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tropical Village	aire	x s'	Ass	ociat	<u> </u>	In	٠.	_
(Name of Corporation as o	currently file	d with	the Flori	da Dept. of	State)			
Na399	۶٩							
(Document	Number of C	Согрога	ation (if kno	own)				_
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this		_	Profit Corp	<i>oration</i> ac	dopts the	followin	g
A. If amending name, enter the new name of the cor	rporation:	٨	Alc					
					<u> </u>		_The nev	
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" o	r "inc	orporated'	' or the abbi	eviation '	'Corp." (or "Inc.'	,
B. Enter new principal office address, if applicable:								_
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)							
				<u>.</u>	·			-
					<u></u>	<u> </u>	골	_
C. Enter new mailing address, if applicable:						L CR	至	41
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>					五二	5	مبين
						SS	3	
				<u></u> -		Fig.	2	-17
•						<u> </u>	- 	_@
D. <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered o			Florida, e	nter the na	me of the	DATE ORIDA	5	
Name of New Registered Agent:		_			_			
								-
			(Flor	rida street addi	ress)			-
New Registered Office Address:								
					_, Florida			
	(Cit	(על			_, 7 lorida (Zip C	Code)		_
New Registered Agent's Signature, if changing Regis	ntamad Amamt	_						
I hereby accept the appointment as registered agent. I	am familiar	<u>:</u> with ar	nd accept to	he obligation	ns of the p	osition.		
	Signatur	re of N	ew Registe	red Agent, ij	changing	3		-

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 A Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	STD	June Luster	699 Black Branch Rd Del Rio, TN 39129
2)	STD	Swan MacNelly	P.O. BOK 188 FILAT HII, VA 22627
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			
		D 4 4 4	

E. If amending or adding additional Articles	, enter change(s) here:	11/2	
E. If amending or adding additional Articles (attach additional sheets, if necessary). (B.	e specific)	N 119	
• , • • •			
		·	· · · · · · · · · · · · · · · · · · ·
			
	 		
•			
			•

The date of each amendment(s) adoption:	, if other than th
late 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 locument's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
Dated	
Signature William Olank Ruth	
(By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
william Clark Lyster	
(Typed or printed name of person signing)	
President	
(Title of person signing)	