## N32750

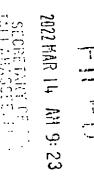
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The Ocean Trillium South Condominium Association
DOCUMENT NUMBER: N32750
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelley Desoto (Name of Contact Person)
C/O OCEAN PROPERTIES Of Management, Flore (Firm/Company)
3500 S. Atlantic Aug
New Smyrna Beach, FL 32169 (City/State and Zip Code)
Kdasoto @ Ocean Props. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelley Desoto (Name of Contact Person)  at (386) 438-0975 Ext 310 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\sum \text{\$\subset}\$
Mailing Address Street Address

Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to

	Articles of Am	endment	1=-	
	to		File	· 15
	Articles of Inco	rporation	The second secon	IJ
the Ocean Trillium	n Sout	h Conde	ominium HSSbeit	hone
Name of Corporation as currently filed with the	Florida Dept. of S	State)	SECRETARY OF A	<b></b> _
N 32750			Septimage telling	2 1 a. 
(Docume	nt Number of Cor	poration (if knov	wn)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this F	Iorida Not For I	Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the	corporation:			
N/A				he new
name must be distinguishable and contain the word	'corporation" or	"incorporated"	or the abbreviation "Corp." or '	'Inc.''
"Company" or "Co." may not be used in the name.		)	5 <sup>4</sup> 7.2	~
B. Enter new principal office address, if applicab	le: <u></u>	A		(£2)
(Principal office address <u>MUST BE A STREET AD</u>			i ji	<del>-</del>
				_=== _:
				<u>-</u>
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C. Enter new mailing address, if applicable:	$\alpha v = \lambda t/2$	1		·
(Mailing address MAY BE A POST OFFICE B		<u>-</u>	<del></del>	<u> 9</u>
			<u> </u>	ည်
				<del></del>
D. If amending the registered agent and/or regist	ered offic <u>e addr</u> e	ess in Florida, er	nter the name of the	
new registered agent and/or the new registered			<del></del>	
Name of New Registered Agent:	NA			
Name of New Registered Agent.	74/1-			
		<u>-</u>		
New Registered Office Address:		(Flori	ida street address)	
iven Register en Office Main ess.				
-			, Florida	
	(City)	1	(Zip Code)	
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar wi	th and accept th	e obligations of the position.	
<del>-</del> -	Signature	of New Registere	ed 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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) K Change Add	<u>vP</u>	DEBRA Simonson	3245 North STAR ROAD COLLAGE GROVE, WI
Remove 2) Change Add	_5_	Alberta C'Neil	46 Cantenbury ST. #306 Engensol Ontagio
Remove Change Add Remove	_5_	Mark Montform	NSC-ICH 223 NORTH LANIER STREET LYONS, GA 30431
4) Change Add	0	Philip Seymour	Altamonte Spergs, FL
Remove  5) Change Add Remove	_a_	Lynn FARRElley	32714 226 Odham Drive SANFORD, FL 32773
6) Change Add	vP	Andy Clements	158 Duffus Drive Enrismone, Ontonio
X Remove			CA KOLST-D
E. If amending or add (attach additional she		rticles, enter change(s) here: . (Be specific)	
NA			
	<u> </u>		

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:

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Example:  X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i)Change	<u>D</u>	MAtthew Johnson	Tampa FL 33647
Remove			Tampa FL 38647
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		rticles, enter change(s) here: ). (Be specific)	
NA			
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ocument's effective date on the Department of Sta	te'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.

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 3/9/22
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)
1/elley Désoto
(Typed or printed name of person signing)
MANAGE
(Title of p <del>of</del> son signing)