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(Red	questor's Name)	
(Add	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CW Unit II Condomir	ium Assn., Inc.		
DOCUMENT NUMBER:	725			
The enclosed Articles of Amend	<i>ment</i> and fee are submi	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Deborah Huff				
	(Name of Contact Po	erson)	
AMJ inc of Gainesville				
		(Firm/ Company	y)	
502 NW 16th Ave				
		(Address)		
Gainesville, FL 32601				
	((City/ State and Zip	Code)	
mewarren@amjinc.com				
E-mai	l address: (to be used f	or future annual rep	port notification	1)
For further information concerning	ng this matter, please ca	all:		
Deborah Huff		af	352	371-8100
(Nat	me of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follow	ving amount made paya	able to the Florida I	Department of	State:
■ \$35 Filing Fee	\$43.75 Filing Fee & C Certificate of Status	1\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	icate of Status ied Copy tional Copy is
<u>Mailing Addr</u> Amendment Se			reet Address	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to . Articles of Incorporation of

CW Unit II Condominium Assn., Inc.

(Name of Corporatio	n as curre	ently filed with t	he Florida Dept. o	f State)	
N41725					
(Docu	ment Num	ber of Corporati	on (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statu	ites, this <i>Florida</i>	Not For Profit Cor	poration adopts	the followi
A. If amending name, enter the new name of the	ie corpora	ıtion:			
N/A					The ne
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		ation" or "inco	porated" or the abi	breviation "Corp	o." or "Inc.
B. Enter new principal office address, if applic	able:				
(Principal office address MUST BE A STREET		(N/A)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(ROV)				
(Mulling datess MAT BE AT 931 VITTEE	<u> </u>	N/A		<u>.</u>	
D. If amending the registered agent and/or reg	istered off	lice address in F	lorida enter the n	ame of the	
new registered agent and/or the new registe			toriga; circi tiic ii	ame or the	
Name of New Registered Agent:	N/A				
	-				
		 -	(Florida street add	dress)	
New Registered Office Address	:		(* ************************************		
	N/A			, Florida	
		(City)		(Zip Code)	
Name Danista and A. A. C	р				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.			accept the obligation	ons of the positio)1 <u>1 </u>
	,		,		299
				₹	<u> </u>
-		Signature of Nev	Registered Agent,	ب معبر زروت	28 F
		Page 1 of 4		UF COLLEGE	ф д д

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	<u>V</u> <u>M</u> :	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Michael E Warren	502 NW 16th Ave
Add			Gainesville, FL 32601
X Remove			
2) Change	VPD	Phyllis P Warren	502 NW 16th Ave
Add			Gainesville, FL 32601
X Remove			
3) Change	PD	Darren Lane	2735 SW 35th PI - #1803
X Add			Gainesville, FL 32608
Remove			
4) X Change	VPD	Bo Simic	1347 Ashley Oaks Dr
Add			Jacksonville Beach, FL 32250
Remove			
5) Change	D	Gabriela Blohm	2735 SW 35th Pl - #504
X Add			Gainesville, FL 32608
Remove			
6) Change	<u>s</u>	Bertha Villegas	2735 SW 35th Pl - #1804
XAdd			Gainesville, FL 32608
Remove			

If amending or adding additional Arti (attach additional sheets, if nécessary).	(Be specific)	•	•			
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The date of each amendment(s) adoption:	, if other than the
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, the document's effective date on the Department of State's records.	nis 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 amendment was/were sufficient for approval.	endment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	vas/were
Dated 8/18/2017	
Signature on the Comment of the Comm	
(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, troother court appointed fiduciary by that fiduciary)	
Davier Pres ton Lane (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	

(Title of person signing)