## N42504



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Norwich K Condomic	nium Association, IN	:C	
N42504 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Tommy Caraccia			
	(Name of Contact Pe	rson)	
	(Firm/ Company	)	
5438 Lockwood Ridge Road #310			
	(Address)		
Bradenton, Florida 34203			
	(City/ State and Zip C	Code)	
housebug@aol.com			
E-mail address: (to be used	for future annual rep	ort notification	)
For further information concerning this matter, please	call:		
TOMMY CARACCIA	at	561	452-2614
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida I	Department of S	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & (Certificate of Status)	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	ect Address endment Sectivision of Corpo e Centre of Ta	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Norwich K Condominium Association, INC				
(Name of Corporation as currently filed with the	e Florida C	Dept. of State)		
N42504				
(Docur	ment Numb	er of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:			rofit Corporation adopts the	following
A. If amending name, enter the new name of th	ie corporat	100:		_,
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corpora 1 <u>e</u> .	tion" or "incorporated" o	r the abbreviation "Corp." c	_The new or "Inc."
B. Enter new principal office address, if applica	able:	109 S. Edison Ave		
(Principal office address MUST BE A STREET	ADDRESS	Tampa, Florida 33606		
				<u> 2</u> 021
			<u>"</u>	- <del>(</del> 2) - (1)
C. Enter new mailing address, if applicable:	POVI			-p 25
(Mailing address MAY BE A POST OFFICE	BUX		/ <sub>2</sub>	~~
			in the second se	_ = -
		<u> </u>		<del>က.</del> က်
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered offi red office a	ce address in Florida, ent iddress:	ter the name of the	చ
Name of New Registered Agent:	George D	. Root III, Esq.		
The state of the s	109 S. EJ	ison Ave		
	(Florida street address)			
New Registered Office Address	E:			
	Tampa		, Florida 33606	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	eni. I am fa	miliar with and accept the	265	
	ر ج	Ignature of New Registered	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 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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Titlg	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>p</u>	Thomas Caraccia	5438 Lockwood Ridge Road #310 Bradenton, Florida 34203
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional sheet)  Presidents address needs to be	ts, if necessary).	ticles, enter change(s) here: (Be specific)	-
		·	

$\Delta 1 = 1 = 2$	
The date of each amendment(s) adoption: 9 18 2024	the
Effective date if applicable:	
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.	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

September 18, 2024

Dated

Signature

(By the chairman of 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)

Thomas Caraccia

(Typed or printed name of person signing)

(Title of person signing)

President