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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION	DN:	VILLAS CONDOMINI	UM ASSOCIATION, INC.	
DOCUMENT NUMBER:	MENT NUMBER:			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
	ESSEX PARK VILI	LAS CONDOMINIUM	ASSOCIATION, INC.	
		(Name of Contact Person	n)	
		(Firm/ Company)		
	1:	821 MICHIGAN AVEN	UE	
		(Address)		
	KI	SSIMMEE. FLORIDA 3	34744	
	(City/ State and Zip Cod-	e)	
	es	ssexparkvillas@hotmail.	com	
E	-mail address: (to be used	for future annual report	notification)	
For further information conc	erning this matter, please of	eall:		
		at		
	Name of Contact Person)	(Ar	ea Code) (Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pay	rable to the Florida Depa	irtment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

ESSEX PARK VILLAS CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation	as curre	ntly filed with the F	lorida Dent. of State)	
\		49919	iorida Depi. or State)	
(Docur	nent Num	ber of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statu	tes, this <i>Florida Not</i>	For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the	e corpora	tion:		
		- 	- · · · ·	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corpore <u>e</u> .	ution" or "incorpora	ted" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applica	ble:	N/A		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
				————
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A		
				٦
			-	
				
 If amending the registered agent and/or registered agent and/or the new registered. 	tered offi ed office :	ce address in Florid address:	a, enter the name of the	<u>.</u>
Name of New Registered Agent:	N/A	Marie Control		
of the Augustice Agem.	N/A			
	 -		(Florida street address)	
New Registered Office Address:				
	N/A		Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent	egistered '. I am fa	Agent: miliar with and acce	pt the obligations of the position.	
_	S	ignature of New Reg	istered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	Adalberto Camilo	1315 Sierra Cir.
Add			Kissimmee, FL 34744
X Remove			
2) Change	S	Tatiana Tabares	1709 Michigan Ave Apart A
_X Add			Kissimmee, FL 34744
Remove			
3) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove		·	
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary). (es, enter change(s) Be specific)	here:		
N/A				
	-	·		
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				-
				
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		<u></u>		
				
-		<u></u>		

	Octubre 1, 2020	
	e date of each amendment(s) adoption:, if other than t	he
date	e this document was signed.	
L. ec.	ective date if applicable:	
EIII	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.	
Ado	option 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.	
	Octubre 2.2020 Dated	
	The state of the s	
	Signature Signature	
	(By the 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	
	othe Court appointed fiduciary by that fiduciary)	
	Arquimedes Lezcano	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	