N93000003859

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	La Casa	Amoro	sa Home own	ers assocrt
DOCUMENT NUMBER:	N93000	1003859		
The enclosed Articles of Amendm	ent and fee are submitte	d for filing.		
Please return all correspondence c	oncerning this matter to	the following:		
	Ashley f	P([e] me of Contact Person	n)	
		(Firm/ Company)		
P.0	box 334	(Address)		
Indi	a landic	FL 320 v/State and Zip Cod	<u>103</u>	
	1mfessell (
For further information concerning	g this matter, please call:			
	1 FCPEII For Contact Person)	at	231 - QUZ. U rea Code) (Daytime Teleph	none Number)
Enclosed is a check for the follow	ing amount made payabl	e to the Florida Depa	artment of State:	
	(z	43.75 Filing Fee & ertified Copy Additional copy is nclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Addre			Address	

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

La Casa Amorosa Home (Name of Corporation as curren	owners Assoc., Inc.
	ttly filed with the Florida Dept. of State)
N93000003859	
	per of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
N/K	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	- .
B. Enter new principal office address, if applicable:	97 G Niemira Ave.
(Principal office address MUST BE A STREET ADDRESS	97 G Niemira Ave. Indialantic, Fr
	3290 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	sant
(Stating dutiess MAT BEAT OF TICE BOX)	70 5
	D
	AS & [
D. If amending the registered agent and/or registered offi	
new registered agent and/or the new registered office:	Address.
Name of New Registered Agent: 15	Will LELLE
97	Mey Ferrell 75 5 G Niemira Ave.
	(Florida street address)
New Registered Office Address:	1.11
	ndialante Florida 5240>
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: imiliar with and accept the obligations of the position.
	200 7000
	Signature of New Registered 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 I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	Pres.	Lindsay Toor	97) Niemira Ave. Indialantil, FL 32903
2) Change Add Remove	gres.	Steffanie Smith	97A Niemira Ave, Indialantic,FL 32903
3) Change Add Remove	Treas.	Julia Whitamb	97 E Niemira Ave Indialantic, FL 32903
4) Change Add Remove	Treas.	Ashley Ferrell	97 G Niemira AM Indialantici 32903
5) Change Add Remove	Sec.	Patricia Toor	979 Niemira Ave Indialantic, FL 32903
6) Change Add Remove			

E. If amending (attach addition	or adding additional A mal sheets, if necessary	rticles, enter chang). (Be specific)	ge(s) here:		
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The date of each amendment(s) adoption: 5 23 5	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 locument's effective date on the Department of State's records.	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(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 6 13 19 Signature Sally twell	
(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)	_
Ashley Ferrell (Typed or printed name of person signing)	
Treasurer Registered Agent (Title of person signing)	
(Turc or person signing)	