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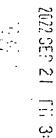
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Titusville	Westview Condominium Assoc IXIC
DOCUMENT NUMBER:	f 00000 4108
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:  SALLSON (Name of Contact Person)
	(Firm/ Company)
2450 Bayes	ood Dr
7650 Bayun	(Address) H 32780
`	City/ State and Zip Code)  201010 : COM for further annual report notification)
For further information concerning this matter, please	call: [2]
Carol Sallis	call: $u = 3 \frac{31 - 480 - 9789}{\text{(Area Code)}}$ (Daytime Telephone Number)
(Name of Contact Person)	~ <del>~{1</del>
Enclosed is a check for the following amount made page \$\int \$\sigma \$	· ω
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation
of

Tidus willo Mostuien 1	books	oi Mulium	Associa	Lion In	C
Name of Corporation as currently filed with the F	lorida De	ept. of State)	7 3 3 3 3 3 3 3		
		00000 4	108		
(Documen	it Number	r of Corporation	if known)		
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes	, this <i>Florida No</i>	t For Profit Corpo	ration adopts the	following
A. If amending name, enter the new name of the co	orporatio	on:			The new
name must he distinguishable and contain the word "o	corporati	on" or "incorpo	rated" or the abbre	viation "Corp." e	
"Company" or "Co." may not be used in the name.	·			-	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		NA			· <u>-</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>-</u> <u>O.X</u> )	n/A			
	-			,	- 20
D. If amending the registered agent and/or registenew registered agent and/or the new registered			rida, enter the nam	ne of the	2 SEF 2
Name of New Registered Agent:	N	1			
	7				
_			(Florida street addre	ss)	<del>. :i</del>
New Registered Office Address:					29
			<u> </u>	. Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.			cept the obligation.	s of the position.	
_	Sie	nature of New R	egistered Agent, if o	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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	70	Jim Skagas	972 Sabel Grove Rockledge, +1 32955
Remove  2) Change Add	P	Ken Taylor	2956 Findle uald Or Titusville 71 32780
Remove Change Add	<u> </u>	MAH Babcock	2952 Amsterwald DR
Permove  4) Change Add	<u>v</u>	Chrustina Bassen	486 Ponoka Str Sebastian 71 32958
Remove  5) Change Add	<u>5</u>	Vieginia Dirschka	2976 7 justeenald Dr T. Jusville II 32780
Remove 6) Change Add			
Remove  E. If amending or add (attach additional sh		rticles, enter change(s) here:  (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:	more than 90 days a	ifter amendment fi	ile date)	<del></del>
`	•			

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 membe adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.
Dated _	9/15/22
Signature _	Casal Sallion
h	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)
	Canol S allisen
	(Typed or printed name of person signing)
	Reg agent
	(Title of person signing)