## N9600001584

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #	7)
PICK-UP	WAIT	MAIL.
(Busine	ss Entity Name	)
(Docum	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filin	g Officer:	
PICK-UP (Busine (Docum	WAIT  Sess Entity Name  ment Number)  Certificates o	MAIL.

Office Use Only



06/04/15--01001--004 \*\*35.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING 15 JUN -3 PH 3: 28

15 JUN - 3 FM 3:



JUN 3 2015

## COVER LETTER

**TO:** Amendment Section Division of Corporations

1

NAME OF CORPORATION:	ARINA VILLAGE TOW	NHOUSE ASSOC	., INC.		
N9600 DOCUMENT NUMBER:	0001584				
The enclosed Articles of Amendme	nt and fee are submitted for	or filing.			
Please return all correspondence co	ncerning this matter to the	following:			
ARTHUR CARLAN					
	(Name	of Contact Person)	)		
CARLAN TAX & ACCOUNTING	SERVICES LLC				
	(Fi	rm/ Company)			
2815 KILKIERANE DRIVE					
		(Address)			
TALLAHASSEE, FL 32309					
	(City/ S	tate and Zip Code	)		
arthur@carlantax.com					
E-mail a	ddress: (to be used for futu	re annual report no	otification	)	
For further information concerning t	this matter, please call:				
Arthur Carlan		850 at		566-6447	
(Name	of Contact Person)		a Code)	(Daytime Telephon	e Number)
Enclosed is a check for the followin	g amount made payable to	the Florida Depar	tment of S	tate:	
	(Add:	75 Filing Fee & fied Copy itional copy is osed)	Certific Certific	Filing Fee cate of Status ed Copy is sed)	
<u>Mailing Address</u> Amendment Secti	on	Street A Amendn	ddress tent Section	on	

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

15 JUN -3 PM 3: 32

MARINA VILLAGE TOWNHOUSE ASSOC., INC. SECRETARY OF STREET (Name of Corporation as currently filed with the Florida Dept. of State) [ A Problem. N96000001584 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation; N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A N/A C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A N/A D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

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	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	ROSSI, PETER	274 NEW LEAF ROAD
Add			LAMONT, FL 32336
X Remove			
2) Change	<u>PT                                    </u>	WILLIAM OWENS	1004 MIMOSA DRIVE
X Add			TALLAHASSEE, FL 32312
Remove			
3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) (attach additional sheets, if necessary). (Be specific)	
N/A	
**************************************	

			APPHLIVEL
The date of each am date this document was	-	Ce-3-15	FILED, if other than the
Effective date if app			15 JUN -3 PM 3: 32
	(no mo	ore than 90 days after amendment file date,	SECRETARY OF STATE
Note: If the date insedocument's effective	rted in this block does not n date on the Department of S	neet the applicable statutory filing requirement records.	nents, this date will not be listed as the
Adoption of Amenda	nent(s) ( <u>CHE</u>	CCK ONE)	
The amendments was/were sufficient		members and the number of votes cast for	the amendment(s)
	mbers or members entitled to oard of directors.	o vote on the amendment(s). The amendment	ent(s) was/were
Dated	6/3/15	_	41
Signatu		- All	
Signatu		hairman of the board, president or other of	Ticer-if directors
	have not been selected, by other court appointed fide	y an incorporator – if in the hands of a rece uciary by that fiduciary)	iver, trustee, or
	TOM OLK		
		(Typed or printed name of person signing	<u>(x)</u>
	VPT		
		(Title of person signing)	