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SECRETARY OF STATE
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Amend

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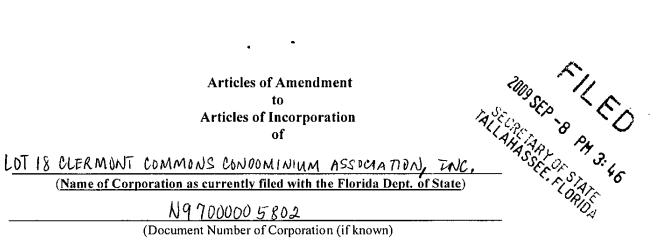
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: LOT 18 CLER	MONT COMMONS CONO	DMINIUM	ASSOCIATION	INC.
DOCUMENT NUM	BER: <u>19700005</u>	302		******	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
<del></del>	RITA F (Name of	CHEVE RRIA Contact Person)		-	
<del></del>	PRESCO REAL EST (Firm	ATE GROUP, LVC n/Company)		_	
<u>230</u>	MOHAWK RD.	Address)		_	
	CLERMONT (City/ Sta	FL 34715 te and Zip Code)		_	
<u>rita</u>	. echeverri a e pres cu E-mail address: (to be use	gaup. Com d for future annual report notif	ication)	_	
For further information	on concerning this matter, pleas	e call:			
RITA ECHEV	ERRIA	at ( <u>35 2</u> ) <u>24 2</u> (Area Code & Day	-0073 x	202	
(Name	of Contact Person)	(Area Code & Day	time Teleph	one Number)	
Enclosed is a check for	or the following amount made p	payable to the Florida Departm	ent of State:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	2.50 Filing Fee icate of Status ied Copy tional Copy closed)	
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer	n ations	,	

Tallahassee, FL 32301

## **Articles of Amendment** to



(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of I		fit Corporation adopts
A. If amending name, enter the new name o	of the corporation:	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or		porated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new regi	istered office address:	the name of the
Name of New Registered Agent:  New Registered Office Address:	70SEPH E. ZAGAME JR.  230 Mohawk Rd  (Florida street address)	~./n1⊭
New Registered Agent's Signature, if changi I hereby accept the appointment as registere		
position.	Fignature of New Registered Agent, if charge	ing

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	ROBERT M. SHAKAR	230 MOHAWK RD. CLERMONT, FL 34715	_
<u>D</u>	JOSEPH E. ZAGAME JR.	230 MOHAWK RD. CLERMONT, FL 34715	X Add _ D Remove
	<del></del>		
	nding or adding additional Articles, ente additional sheets, if necessary). (Be spec		
<del></del>			
	· · · · · · · · · · · · · · · · · · ·		
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The date of each amendment(s) adoptio	
Effective date if applicable:	(date of adoption is required)
(r	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated Augus	t 1, 2009
Signature <b>Jores</b>	an or vice chairman of the board, president or other officer-if directors
haye not been	nan or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
Jose	ph E. Zagame Sr. (Typed or printed name of person signing)
	President (Title of person signing)