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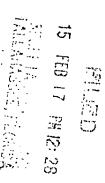
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And

FEB 19 2015

R. WHITE

COVER LETTER

Division of Corporations NAME OF CORPORATION: 10WNE APARTMENTS NO 2 ASSOCIATION, INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TOWMSTIE RAMJIT
(Name of Contact Person) (Firm/ Company) 1825 N., 17th COURT APT /
(Address)

HOLLYWOOD FL 33020
(City/ State and Zip Code) For further information concerning this matter, please call: Name of Contact Person) at (954) 632 6400 (Area Code & Daytime Telephone Num Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigs\\$43.75 Filing Fee & \Bigs\\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

TO: Amendment Section

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

Enclosed)

Articles of Amendment to Articles of Incorporation

FILED

15 FEB 17 PH 12: 28 Name of Corporation as currently filed with the Florida Dept. of State) (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: TORO IVANOV 3919 CRYSTAL LAKE DR # 402 New Registered Office Address: Pompano, Florida 33064
(Cirv) (Zip Code) 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	PT John Doe V Mike Jones SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s
1) Change	P BARB	ARA FELTON	1825 N 1th ct
Add Remove			AP1 # 10 Hollywood, FL 3 3020
2) Change	TD DIA.	NE NormanD	1825 N., 17# Ct
Add			Apt # 6 Hollywood, FL 33020
Change	SECRETARY Gills	ES CAMPEAU	1825 N. 17ct
Add Remove	,		40/149 HO/1400 FI 3202 N
4) Change Add	P GABRI	Z JA Solomon	Hollywood FL 3 3020 B25N1,17thet APT#3
Remove			Hollywood, FL35020
5)Change	TREASURER TOWN	MUTIC RAMITIT	1825 NORTH, 17th Ct
Add			Apt I Hollywood FL 33020
6) Change	SECRETARY JORD	IVANOU	Hollywood FL 33020 1825 NORTH, 17th COLLET
Add	/		APT 7
Remove		Page 2 of 4	Hollywood, Fl 33020

If amending or adding additiona attach additional sheets, if necessor	ary). (Be	specific)	^		
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The date of each amendment(s) adop	otion:	-14/2015	, if other than the
late this document was signed. Effective date if applicable:	2/9/2 (no more shan 90	O days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>		
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members	and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors		the amendment(s). The amendment(s) was/were	
Dated 2/9	12015/		
Signature	Jem/		-
have not been	7 1	of the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or that fiduciary)	
		Ġ\$	
GABRIELA	SOLOMON	- PRESIDENT	
(7	Typed or printed nam	e of person signing)	
		PRESIDENT	
	(Title of per	rson signing)	