723775

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: POLYNESIAN	GARDENS CONDON	MINIUM, INC
DOCUMENT NUM	BER: 723775		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		REY BARR	
	(Name of	Contact Person)	
	POLYNESIAN GARD	ENS CONDOMINIUM, IN	C.
	(Firm	n/ Company)	
	4001	NW 68 AVE	
.,	(Address)	
••.	PLANTA ⁻	ΓΙΟΝ, FL 33317	
	(City/ Sta	te and Zip Code)	
	polynesianga E-mail address: (to be use	ardens@gmail.com ed for future annual report notifi	cation)
For further informati	on concerning this matter, pleas	e call:	
HECTOR LOPEZ	7	at (954)_791-05	
· (Name	e of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check f	for the following amount made	payable to the Florida Departme	ent of State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Section	·
	sion of Corporations	Division of Corpora	
P.O.	Box 6327	Clifton Building	
Tallahassee, FL 32314		2661 Executive Cen	ter Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUN 15 AM 9: 04

POLYNESIAN GARDENS CONDOMINIUMS INC (Name of Corporation as currently filed with the Florida Dept. of State) 723775 (Document Number of Corporation (if known) ant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation

Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		t For Profit Corporation adopts		
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"				
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF)				
D. If amending the registered agent and/or new registered agent and/or the new reg		ida, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	(Florida street addres	s)		
	(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if change I hereby accept the appointment as registered position.		nd accept the obligations of the		
_	Signature of New Registered Ager	nt 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action		
PRES	JEFFREY BARR	408 NW 68 AVE #103 PLANTATION, FL 33317	. ☑ Add □ Remove		
<u>VP</u>	SHELIA SAVER	408 NW 68 AVE #105 PLANTATION, FL .33317	☑ Add ☐ Remove		
TREA	LAURIE HUNT	410 NW 68 AVE #408 PLANTATION, FL 33317	✓ Add ☐ Remove		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
	v v v v v v v				

The date of each amendment(s) adoption: MAY 26, 2009				
Effective date if applicable:	MAY 26, 2009			
<u></u>	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wewas/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.			
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Signature _ (By ha	y the chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her/court appointed fiduciary by that fiduciary)			
	JEFFREY BARR			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			