752776

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(DOC	ument Number)	
Certified Copies	Certificates	s of Status
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Amens

DIVISION OF PH 1:58

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Number 2 Con	ndominium Association I	Palm Greens at Villa Del Ray,
	750776		
DOCUMENT NUN	IBER: 752776		
The enclosed Article	es of Amendment and fee are sul	omitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
B:	randantEllislr		
	(Name of	Contact Person)	
<u>N</u>	umber 2 Condominium Ass		at Villa Del Ray, Inc.
	(Firn	n/ Company)	
5	801 Via Delray		
		Address)	
	•	•	
D	elray Beach, FL 33484		
 		te and Zip Code)	
b	randanellis@att.net		
	E-mail address: (to be use	d for future annual report notific	cation)
For further informati	on concerning this matter, pleas	e call:	
B	randan Ellis	· at (<u>561</u>) <u>498</u> –1	1051
(Name	e of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departmen	nt of State:
☐ \$35 Filing Fee	XX\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□ \$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)
	ling Address	Street Address	,
	endment Section	Amendment Section	·
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	shassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	

Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE OF CORPORATIONS OF JUN -5 PM 1:58

Number 2 Condominium Palm Greens at Villa Del Ray	. Inc.
(Name of Corporation as currently filed with the Florida De	

(D)		
(Document	Number of Corporation (if known)	
e following amendment(s) to its Articles	006, Florida Statutes, this <i>Florida Not For F</i> of Incorporation:	Profit Corporation adopts
If amending name, enter the new nam	ne of the corporation:	
	nd contain the word "corporation" or "inc y" or "Co." may not be used in the name.	corporated" or the
Enter new principal office address, if Principal office address MUST BE A STI		
		
. Enter new mailing address, if applica	ahle:	
(Mailing address MAY BE A POST O		
		Shifted Shift Shift - American
	or registered office address in Florida, en	ter the name of the
If amending the registered agent and/ new registered agent and/or the new		ter the name of the
		ter the name of the
new registered agent and/or the new	registered office address:	ter the name of the
new registered agent and/or the new	registered office address: Lenore_Jaye	ter the name of the —
Name of New Registered Agent:	registered office address: Lenore Jaye 5660 A Queen Palm Court	
Name of New Registered Agent:	Lenore Jaye 5660 A Queen Palm Court (Florida street address)	ter the name of the
new registered agent and/or the new in Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if cha	Lenore Jaye 5660 A Queen Palm Court (Florida street address) Delray Beach (City) unging Registered Agent:	, Florida33484 (Zip Code)
new registered agent and/or the new in Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if cha	Lenore Jaye 5660 A Queen Palm Court (Florida street address) Delray Beach (City) anging Registered Agent: tered agent. I am familiar with and acce	, Florida_33484 , (Zip Code) pt the obligations of the

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
	Steve Smith	13194 E Lucinda Palm Delray Beach, FL 334	Ct ☐ Add 84 XX Remove
	<u>Kathleen Cardero</u>	5635 E Queen Palm Ct Delray Beach, FL 334	. X⊠ Add 84 □ Remove
(attach	ending or adding additional Articles, of additional sheets, if necessary). (Be see make sure Directors of Co President: Lenore Jaye	specific)	utlined below;
	Vice President: Mike Aaro	nson	
	Treasurer: Ira Bass		
	Secretary: Peter Dreifus		
	Board Member: Kathleen Ca	rdero	
	W + 2 - M - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		

The date of each amendment(s) adoption:		
Effective date if applicable:	June 2nd, 2009	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Signature(By	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) Lenore Jaye (Tured or printed pages of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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