## 152776

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| ☐ PICK-UP               | ☐ WAIT  | ☐ MAIL       |
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| Certified Copies        | _ Certificates  | s of Status  |
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| Special Instructions to | Filing Officer:   |              |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| Number 2 Condomi   | inium Association Palm Greens at Villa Del Ray, Inc.   |
|--|--|
| 752776 DOCUMENT NUMBER:  |  |
| The enclosed Articles of Amendment and fee are sub   | omitted for filing.  |
| Please return all correspondence concerning this matt  | ter to the following:  |
| Brandan Ellis  |  |
|  | (Name of Contact Person)   |
| Number 2 Condominium Association Palm Greens a   | at Villa Del Ray, Inc.   |
|  | (Firm/ Company)  |
| 5801 Via Delray  |  |
|  | (Address)  |
| Delray Beach, FL 33484   |  |
|  | (City/ State and Zip Code)   |
| brandanellis@att.net   |  |
| E-mail address: (to be use   | d for future annual report notification)   |
| For further information concerning this matter, please   | e call:  |
| Brandan Ellis  | 561 498-1051   |
| (Name of Contact Perso   |  |
| Enclosed is a check for the following amount made p  | payable to the Florida Department of State:  |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status                                     |  |
| Mailing Address 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 |

## Articles of Amendment to Articles of Incorporation of

umber 2 Condominium Association Palm Greens at Villa Del Ray Ir

| Number 2 Condominium Association Palm Greens at  | Villa Del Ray, Inc.             |   |
|--|---------------------------------|---|
| (Name of Corporation as o  | currently filed with the Flori  | da Dept. of State)                              |
| 752776   |                                 |   |
| (Document  | Number of Corporation (if kn    | own)  |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:   | Statutes, this Florida Not For  | Profit Corporation adopts the following         |
| A. If amending name, enter the new name of the cor   | rporation:                      |   |
|  |                                 |   |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name. | orporation" or "incorporated"   | The new " or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable:  |                                 |   |
| (Principal office address <u>MUST BE A STREET ADD)</u>   | <u>RESS</u> )                   |   |
|  |                                 |   |
|  |                                 |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX                   | X)                              |   |
|  |                                 |   |
|  |                                 |   |
|  |                                 |   |
| D. If amending the registered agent and/or registere   | ed office address in Florida, e | enter the name of the                           |
| new registered agent and/or the new registered o   |                                 | <del>-</del>                                    |
| Name of New Registered Agent:  |                                 |   |
|  |                                 |   |
|  | (Flo                            | rida street address)                            |
| New Registered Office Address:   |                                 |   |
|  |                                 | , Florida                                       |
|  | (City)                          | (Zip Code)                                      |
| New Registered Agent's Signature, if changing Regis  |                                 |   |
| I hereby accept the appointment as registered agent. I   | am familiar with and accept to  | he obligations of the position.                 |
|  |                                 |   |
|  |                                 | <b>A</b> C                                      |
|  | Signature of New Registe        | red Agent, if changing                          |
|  |                                 | 6 7   |
|  |                                 |   |

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>N</u> | ohn Doe<br>Mike Jones<br>Fally Smith |                                       |  |  |  |  |
|----------------------------------|-------------------|--------------------------------------|---------------------------------------|--|--|--|--|
| Type of Action<br>(Check One)    | <u>Title</u>      | Name                                 | <u>Addres</u> s                       |  |  |  |  |
| 1) Change                        | SD                | JUANITA MARVUGLIO                    | 13825 B ROYAL PALM CT                 |  |  |  |  |
| Add X Remove                     |                   |                                      | DELRAY BEACH, FL 33484                |  |  |  |  |
| 2) Change                        | SD                | SUSAN HERMAN                         | 13232 B LUCINDA PALM CT               |  |  |  |  |
| X Add                            |                   |                                      | DELRAY BEACH, FL 33484                |  |  |  |  |
| Remove                           |                   |                                      |                                       |  |  |  |  |
| 3) Change                        | <del></del>       |                                      |                                       |  |  |  |  |
| Add                              |                   |                                      |                                       |  |  |  |  |
| Remove                           |                   |                                      |                                       |  |  |  |  |
| 4) Change                        |                   |                                      |                                       |  |  |  |  |
| Add                              |                   |                                      |                                       |  |  |  |  |
| Remove                           |                   |                                      |                                       |  |  |  |  |
| 5) Change                        |                   |                                      |                                       |  |  |  |  |
| Add                              | -                 |                                      |                                       |  |  |  |  |
| Remove                           |                   |                                      |                                       |  |  |  |  |
| 6) Change                        |                   |                                      |                                       |  |  |  |  |
| Add                              |                   |                                      | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| Remove                           |                   |                                      |                                       |  |  |  |  |

|               | neets, if necessar | y). (De spi | ecijic) |             |      |          |   |   |
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| •,                           | 9/22/15  |   |
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| date of each amer            |  | , if other than the   |
| this document was            | signed.  |   |
|                              | 9/22/15  |   |
| ctive date <u>if appli</u> c | eable:   |   |
|                              | (no more than 90 days after amendment file date)   |   |
|                              |  | ot be listed as the   |
| ption of Amendme             | ent(s) ( <u>CHECK ONE</u> )  |   |
|                              |  |   |
|                              |  |   |
| Dated                        | 10/19/15   |   |
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|                              |  |   |
|                              | other court appointed fiduciary by that fiduciary)   |   |
|                              | PETER DREIFUS  |   |
|                              |  |   |
|                              | (Typed or printed name of person signing)  |   |
|                              | PRESIDENT, BOARD OF DIRECTORS  |   |
|                              | (Title of person signing)  |   |
|                              | this document was  etive date if applic  If the date insert ment's effective date of the amendment (s) was/were sufficient. There are no mem adopted by the bo  Dated  Signature | this document was signed.  9/22/15  (no more than 90 days after amendment file date)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.  (CHECK ONE)  The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.  There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  Dated  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  PETER DREIFUS  (Typed or printed name of person signing) |