754550

| (Requestor's Name) | |
|---|-------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of S | Status |
| Special Instructions to Filing Officer: | |
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7.10 SET 2 . TITLE TO

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August 16, 2023

PATRICIA MONTOYA 2245 FILLMORE STREET UNIT #4 HOLLYWOOD, FL 33020

SUBJECT: CORONET GLEN CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 754550

We have received your document for CORONET GLEN CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure that you sign and date the last page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II Letter Number: 123A00018855

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| COR NAME OF CORPORATION: | ONET GLEN CONDOMINIUM | 1 ASSOCIATION, | INC. | |
|--|---|--|--|-------------|
| 754550 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment | and fee are submitted for filing. | | | |
| Please return all correspondence conce | erning this matter to the followin | g: | | |
| PATRICIA MONTOYA | | | | |
| | (Name of Conta | ct Person) | | |
| CORONET GIEN CO | NDOMINIUM ASSO | CIATION. I | W. | |
| | (Firm/ Com | | | |
| 2245 FILLMORE STREET UNIT # 4 | | | | |
| | (Addres | s) | 121112111 | · |
| HOLLYWOOD FL 33020 | | | | |
| | (City/ State and | Zip Code) | · · · · · · | |
| coronetglencondominium@gmail.com | ı | | | r : |
| E-mail addi | ress: (to be used for future annua | il report notification | n) | 978 |
| For further information concerning thi | s matter, please call: | | | - 0 |
| PATRICIA MONTOYA | | 954 _ at | | Ĭ |
| (Name of | Contact Person) | (Area Code) | (Daytime Telephone Number) |) |
| Enclosed is a check for the following a | nmount made payable to the Flor | ida Department of | State: | ·· ~ |
| | Filing Fee & U\$43.75 Filing cate of Status (Additional coenclosed) | y Certifi ppy is Certifi | O Filing Fee icate of Status ied Copy tional Copy is used) | ra ra |
| Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323 | tions | Street Address Amendment Section of Corporate Centre of Total 2415 N. Monroe | orations | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CORONET GLEN CONDOMINIUM ASSOCIATION, INC.

| Name of Corporation as currently filed with the Florida D | Dept. of State) | | |
|--|--------------------------------|------------------------------------|----------|
| 754550 | | | |
| (Document Number | er of Corporation (if k | nown) | |
| Pursuant to the provisions of section 617,1006, Florida Statute mendment(s) to its Articles of Incorporation: | es, this <i>Florida Not Fo</i> | or Profit Corporation adopts the f | ollowing |
| A. If amending name, enter the new name of the corporati | ion: | | |
| | | | The new |
| name must be distinguishable and contain the word "corporat" Company" or "Co." may not be used in the name. | ion" or "incorporate | d" or the abbreviation "Corp." or | " "Inc." |
| 3. Enter new principal office address, if applicable: | 2245 FILLMORE ST | TREET APT 4 | |
| Principal office address MUST BE A STREET ADDRESS | HOLLYWOOD FL | 33020 | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | - |
| | | | |
| | - | | |
|). If amending the registered agent and/or registered office | ce address in Florida | , enter the name of the | · _ · |
| new registered agent and/or the new registered office a | | | . ; |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (F | lorida street address) | |
| | | , Florida | - 11: |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai | Agent: miliar with and accep | t the obligations of the position. | |
| | | | |
| | anature of New Regis | tered 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:

PATRICIA MONTOYA...... TREASURER SECRETARY

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 D V Mike Je SV Sally S | ones | |
|---|--|--|---|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) × Change Add | <u>V=</u> | SUWAL SUDHAM | 2245 FILLMORE STREET APT 7 HOLLYWOOD FL 33020 |
| Remove | | | |
| 2) Change Add | <u>P=</u> | SUWAL SUDHAM | 2245 FILLMORE STREET APT 4 HOLLYWOOD FL 33020 |
| X Remove 3) Change Add Remove | P≃ | ROSALINA GUZMAN | 2245 FILLMORE STREET APT 8 HOLLYWOOD FL 33020 |
| 4) Change Add | V= | RAUL PASSALACQUA | 2245 FILLMORE STREET APT 6 HOLLYWOOD FL 33020 1 C |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | - FF |
| Remove | | | |
| E. <u>If amending or addir</u> (attach additional shee | | icles, enter change(s) here: (Be specific) | |
| THE PRESENT MEMBI | ERS OF BOARD | OF CORONET GLEN CONDOMINIUM AS | SSOCIATION INC. ARE: |
| SUWAL SUDHAM | PRESIDENT | | |
| RAUL PASSALACQUA | VICE PRESI | DENT | |

| (no more than 90 days after amendment file. Note: If the date inserted in this block does not meet the applicable statutory filing req | |
|---|---------------------|
| Effective date if applicable: APRIL 15 2023 (no more than 90 days after amendment file) | |
| The date of each amendment(s) adoption: APRIL 15 2023 date this document was signed. | , if other than the |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(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 9-8-2023 |
| Signature Pathicia Montaga (By the chairman or vice chairman of the board, president or other officer-if directors |
| (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) |
| PAFRICIA MONTO YA (Typed or printed name of person signing) |
| TREASURER SECRETARY (Title of person signing) |

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