# NO0678

| (Re                     | equestor's Name)   |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
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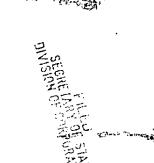


# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2016

VALERIE FRANK OUTSIDE UNLIMITED LLC 7491 N. FEDERAL HWY C5, SUITE 258 BOCA RATON, FL 33487

Ref. Number: NOO678



MAC BY VED

16 MAR 21 PM 4: 00

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 016A00004022

#### **COVER LETTER**

| Division of Corporations   |              |
|--|--------------|
| NAME OF CORPORATION: BOCA RIDGE Glen Homeowner   | 18           |
| DOCUMENT NUMBER: NO678   | W, INC       |
| The enclosed Articles of Amendment and fee are submitted for filing.   | SIAIG        |
| Please return all correspondence concerning this matter to the following:  | CRE T        |
| VAlerie FRANK (Name of Contact Person)   | RY OF S      |
| Outside Unlimited (LC)   | TATIONS      |
| 7491 N. Federal Huy C5 Suite   | 258          |
| Bora Raton, FL 33487 (City/ State and Zip Code)  |              |
| VFRANK. bo Caricle alen @ amail. Com E-mail address: (to b) used for future annual report notification)  | HAR          |
| For further information concerning this matter, please call:   | 2 700        |
| VAlerie Frank (Name of Contact Person)  at 954 \$151555  (Area Code) (Daytime Telephone Nu   | )            |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  | 0.45<br>0.45 |
| \$35 Filing Fee  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is \\ enclosed)\$\$ (Additional Copy is \\ Enclosed)\$\$ |              |

## **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

1/20/16

#### **Articles of Amendment**

to
Articles of Incorporation

of

| Boca Ridge Glem Homeoniner & Association   |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |
| 1100678  |
| (Document Number of Corporation (if known)   |
| (Document realitibet of Corporation (II 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:  |
| 0.5<br>0.7<br>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   |
| The new —  |
| 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)  |
|  |
| range of the second of the sec |
| <u> </u>   |
| 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: VAlerie L FRANK  |
| New Registered Office Address: 7491 N. Federal Hwy CJ Sute 258   |
| New Registered Office Address:   |
| Born Koton III CC 33UPS  |
| (City), Florida (Zip Code)   |
| (Only)   |
| 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.  |
| 1/1/-  |
| Value Z Ham  |
| Signature of New Registered Agent, if changing   |

Page 1 of 4

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 I<br>V Mike<br>SV Sally S | Doe<br>Jones<br>Smith | Pa       | 1/26/16  |
|----------------------------------|-----------------------------------|-----------------------|----------|--|
| Type of Action<br>(Check One)    | Title                             | <u>Name</u>           | v        | <u>Addres</u> s                                |
| Change Add Remove                | P                                 | Tessler, Char         | les      | 20933 Boca Robe Dr W.<br>Boca Raton Fl 33428   |
| 2) Change Add                    | <u>P</u>                          | LAHN, Foste           | <u>C</u> | 20848 Broakdge Dr N.<br>Bora Raton, FL         |
| Remove  3) Change  Add  Remove   | S                                 | Perah, Clau           | dia      | 20771 Boca Ridge Dr. Boca Rodon, Fl. 33428     |
| 4) Change Add Remove             | D                                 | Edward John           | J.SON    | 20823 Braikdge Dr<br>Borakaton, Fl 3342p N.    |
| 5) ChangeAdd                     | D                                 | Kaliner, Jer          | Cy á     | 20941 Boca Ridge Dr. W<br>Boca Raton, FL 33488 |
| Remove  6) Change  Add           | 1                                 | Moguera, ElA          | dio (    | 20729 Bora Ridge Drw<br>Boon Raton, FL 33428   |
| Remove                           |                                   | Page 2 of 4           |          |  |

|             | If amending or adding additional Article (attach additional sheets, if necessary). | icles, enter change<br>(Be specific) | s) here: |                                       |               |   |
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| The date of each amendment(s) adoption date this document was signed.                 | ion:  | 1/26/16                               | , if other than the  |
|---|---|---------------------------------------|----------------------|
| Effective date if applicable:   | ·   |                                       |                      |
|   | (no more than 90 days after ame   | ndment file date)                     |                      |
| Note: If the date inserted in this block document's effective date on the Department. |   | y filing requirements, this date will | not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                                       |                      |
| The amendment(s) was/were adopte was/were sufficient for approval.                    | ed by the members and the number of   | of votes cast for the amendment(s)    |                      |
| There are no members or members of adopted by the board of directors.                 | entitled to vote on the amendment(s   | s). The amendment(s) was/were         |                      |
| r Dated 1/26  | 16  |                                       |                      |
| F Signature Valing  | ZFanh   |                                       | <del></del>          |
| have not been se  | or vice chairman of the board, preselected, by an incorporator – if in the intention of functions of the fiduciary) |                                       |                      |
| , VAle  | rie L. Fram (Typed or printed name)   | of person signing)                    |                      |
| 4 MAY   | nger - Regi<br>(Title organs  | ster agent                            |                      |

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1/36/16