N01565

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	COVES AT ABERDI	EEN CONDOMINIUN	A ASSOCIA	TION, INC.	11 JUL 24
NO DOCUMENT NUMBER:	1565				[24]
The enclosed Articles of Amend					MH 100 34
Please return all correspondence	concerning this matter	to the following:			ئى ك
TODD JACKSON					
	(Name of Contact Pers	on)		
CAPITAL REALTY ADVISO	RS, INC.				
		(Firm/ Company)			
600 SANDTREE DRIVE, SUI	TE 109				
<u> </u>		(Address)			
PALM BEACH GARDENS, F	L 33403				
	(City/ State and Zip Co	de)	· ·	
JBOLDUC@CRA.EMAIL					
E-ma	il address; (to be used	for future annual repor	t notification)	
For further information concern	ing this matter, please o	all:			
TODD JACKSON		at		561-624-5888	
(Na	ame of Contact Person)	(,	Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the follo	owing amount made pay	able to the Florida De	partment of S	State:	
■ \$35 Filing Fee □	1\$43.75 Filing Fee & [Certificate of Status	_	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifto	et Address ndment Section of Corpo on Building Executive C	prations	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

COVES AT ABERDEEN CONDOMINIUM ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N01565 (Document Number of Corporation (if 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: 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) 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: (Florida street address) New Registered Office Address: Florida (City) (Zip Code) 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.

Signature of New Registered 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:

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.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	CHINSKY, IRA	c/o Capital Realty Advisors, Inc.
Add			600 Sandtree Drive, Suite 109
Remove			Palm Beach Gardens, FL 33403
2) X Change	D	BURTON, STUART	c/o Capital Realty Advisors. Inc.
Add			600 Sandtree Drive, Suite 109
Remove			Palm Beach Gardens, FL 33403
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
- NA -		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed	
Effective date if applicable: 7/7/17	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/adopted by the board of directors.	'were
Dated 2-7-17	
Signature (By the chairman or vice chairman of the board, president or other officer-if dir	ectors
have not been selected, by an incorporator – if in the hands of a receiver, truste other court appointed fiduciary by that fiduciary)	e, or
ROBERT CLOPPA	
(Typed or printed name of person signing)	
President	
(Title of person signing)	