

No 5000011569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



700156016967

09/29/09--01031--005 **52.50

FILED
09 OCT 16 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.

D. CONNELL OCT 29 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2009

ADAM FREEDMAN
673 VISTA ISLES DRIVE
SUNRISE, FL 33325

SUBJECT: ISLES AT LAGO MAR CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000011569

We have received your document for ISLES AT LAGO MAR CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 909A00032006

RECEIVED
2009 OCT 16 4AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Change to Registered Agent is enclosed.

*Regards,
Adam*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Isles at Lago Mar Condominium Association, Inc.

DOCUMENT NUMBER: N05000011569

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Freedman

(Name of Contact Person)

Isles at Lago Mar Condominium Association, Inc.

(Firm/ Company)

673 Vista Isles Drive

(Address)

Sunrise, FL 33325

(City/ State and Zip Code)

afreedman@jkmdevelopers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Freedman

(Name of Contact Person)

at (561) 239-1794

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Isles at Lago Mar Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000011569

(Document Number of Corporation (if known))

FILED
09 OCT 16 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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:

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)

673 Vista Isles Drive

Sunrise, FL 33325

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

673 Vista Isles Drive

Sunrise, FL 33325

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:

Adam Freedman

673 Vista Isles Drive

New Registered Office Address:

(Florida street address)

Sunrise

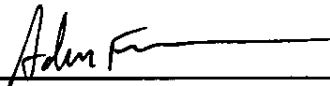
(City)

Florida 33325

(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

Adam Freedman

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

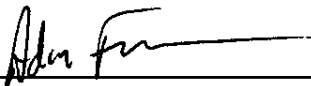
The date of each amendment(s) adoption: 7/24/2009
(date of adoption is required)

Effective date if applicable: 7/24/2009
(no more than 90 days after amendment file date)

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 9/24/2009

Signature 
(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)

Adam Freedman
(Typed or printed name of person signing)

President
(Title of person signing)