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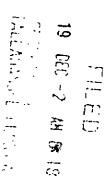
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
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JAN 0 8 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _		CONDOMINIUM	ASSOCIAT	TION, INC.
DOCUMENT NUMBER:		N05000008401		
The enclosed Articles of Amenda	nent and fee are submit	ed for filing.		
Please return all correspondence of	oncerning this matter t	o the following:		
		ENIO CARVALHO		
	(N	ame of Contact Person	on)	
	ALLIANCE	CONDOMINIUM A	SSOCIATI	ON, INC.
		(Firm/ Company)		
	8421 S ORAN	IGE BLOSSOM TR	RAIL UNIT	113
		(Address)		
	ORLANDO), FLORIDA, 3280	9	
	(C	ty/ State and Zip Co	de)	
	ē	illiance@ecrealty.r	et	
E-mail	address: (to be used fo	future annual report	t notification	
For further information concerning	g this matter, please cal	l:		
ENIO CARVA	ALHO	4(at	07	617-1534
(Nam	e of Contact Person)	(A	trea Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ng amount made payal	ole to the Florida Dep	partment of S	State:
	(43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327	tion	Amen Divisi	LAddress dment Section on of Corpo	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

nf

ALLIANCE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the	e Florida D	Dept. of State)					-
		N0500000840)1				
(Docum	nent Numb	er of Corporation	on (if known)				_
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida</i>	Not For Profit C	Corporation a	dopts the	followir	ıg
A. If amending name, enter the new name of the	e corporati	ion:					
						The nev	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incor _i	porated" or the c	abbreviation '	"Corp." c	r "Inc."	•
B. Enter new principal office address, if applica	ble:					10	
(Principal office address <u>MUST BE A STREET A</u>)			ر المارية المواجع عر	330	
					<u>*</u> .	1	[
					•		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO					-	·=	ie new Inc."
(Mailing dates) MAT DENTOST VITTEE	<u> </u>						-
						(2)	
							_
D. If amending the registered agent and/or regis	stered offic	e address in F	lorida, enter the	name of the	ı		
new registered agent and/or the new register			-				
Name of New Registered Agent:	ELIZABE	TH A. LANHA	M-PATRIE				
	111 N. Oi	RANGE AVEN	IUE , SUITE 14	100			_
			(Florida street	address)			-
New Registered Office Address:	OD! AND	^					
	ORLAND			, Florida			_
		(City)		(Zip C	iode)		
New Registered Agent's Signature, if changing R							
I hereby accept the appointment as registered agent		nittar with and	accept the obligated by the second se	11- E	osition.		_

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: XChange X Remove X Add	PT John De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _X Change Add Remove	_SD	CASTIBLANCO, RODOLFO	8421 S ORANGE BLOSSOM TRAIL UNIT 125 ORLANDO, FLORIDA, 32809
2) Change Add	SD	GONZALEZ, CARLOS	8421 S ORANGE BLOSSOM TRAIL UNIT 103
X Remove 3) Change Add X Remove	D	MUNOZ, EDUARDO	ORLANDO, FLORIDA, 32809 8421 S ORANGE BLOSSOM TRAIL UNIT 102 ORLANDO, FL, 32809
4) Change Add	<u> </u>	FLETCHER, CHARLES	8421 S ORANGE BLOSSOM TRAIL UNIT 217
			ORLANDO, FLORIDA, 32809
6) Change Add			
E. If amending or addin (attach additional shee)		Page 2 of 4 cles, enter change(s) here: (Be specific)	

•		
	,, g 2 - C, 2 - L C C C C C C C C C	
		
	Page 3 of 4	
	NOVEMBER 20ND 2040	
The date of each amendment(s) ad	option:, if other t	han the
date this document was signed.		
Effective date if applicable:	NOVEMBER 22ND 2019	
intective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blockdocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as	the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes east for the amendment(s).	

Dated	NOVEMBER 22ND 2019
Signature	x lonis Convalho
((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)
	ENIO CARVALHO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.