708442

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	 _
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
——————————————————————————————————————	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
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COVER LETTER

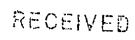
TO: Amendment Section Division of Corporations Lorder Tites Condominium Apts. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: (Name of Contact Person) Golden Isles Condominion Apartment Too Layne Blud Hallandale, FL 33009
(City/ State and Zip Code) Golden Isles 700 @ Yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at 978-821-8904 (Area Code) (Daytime Telephone Number) iris Lobsien Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filling Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Ft. 32303

Enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

TAILAHASSEE, FL

April 24, 2022

CARLOS ESCOBAR 700 LAYNE BOULEVARD HALLANDALE, FL 33009

SUBJECT: THE GOLDEN ISLES CONDOMINIUM APTS., INC.

Ref. Number: 708442

We have received your document for THE GOLDEN ISLES CONDOMINIUM APTS., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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 listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

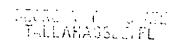
Claretha Golden Regulatory Specialist II

Letter Number: 522A00009540



RECEIVED

2022 APR -6 PM 3:51



February 25, 2022

CARLOS ESCOBAR 700 LAYNE BOULEVARD HALLANDALE BEACH, FL 33009

SUBJECT: THE GOLDEN ISLES CONDOMINIUM APTS., INC.

Ref. Number: 708442

We have received your document for THE GOLDEN ISLES CONDOMINIUM APTS., INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

The current name of the entity is as referenced above. Please correct your document accordingly.

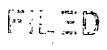
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

Letter Number: 722A00004751

Articles of Amendment to Articles of Incorporation of



THE GOLDEN ISLES CONDOMINIUM APTS., INC.		2022 MAY 27 PH 4: [3
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
708442		ONON- JATE TALL HOSSTERN
(Document 8	Sumber of Corporation (if know	n)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pr	rofit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
AM		The new
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, ent	ter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florud	n street address)
to the grant to the same of th		***
	(City)	Florida (Zip Code)
Sew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. To	tered Agent;	•
	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 FST 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	<u>V</u> <u>Mik</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add	<u>S</u>	Desiree Sotu	700 layre Blud #322B Hallandale Beada, FL 33009
Remove 2) Change Add	<u>_S</u>	Kristen Bradley	1 Patrick way Methoen, ma 01844
Remove 3) Change Add Remove	_ <i>D</i> _	Ramon Vazquez	700 Layne Blud # 209A Hallandale, FL 33009
4) Change Add		Patricia Kaminsky	700 Layne Blvd #113 Hulandale, Fl 33009
★ Remove 5) Change ★ Add		Kris Labsien	700 Layne Blvd #312B Hallandale FL, 33009
Remove 6) Change Add			
E. <u>If amending or add</u> (attach additional sh		vrtjeles, enter change(s) here:). (Be specific)	

	,
	<u> </u>
,	
The date of each amendment(s) adoption: January 18 late this document was signed.	if other than the
Effective date if applicable: January 18, 30 (no more than 90 days af	er amendment file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adontion of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes east 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 May 23, 2022
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)
Kris Lobsien
(Typed or printed name of person signing)
Vice President
(Title of person signing)