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## COVER LETTER

TO: Amendment Section Division of Corporations

SOUTH BROAME OF CORPORATION:	OADMOOR CONDOMINIUM, INC
715322	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
CHRISTINE GRUBER	
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Name of Contact Person)
ROBERT BOWERS ACCOUNTING, INC	
	(Firm/ Company)
P.O.BOX 159	
	(Address)
LEHIGH ACRES, FLORIDA 33970	
	(City/ State and Zip Code)
christine@bowersaccounting.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
CHRISTINE GRUBER	239-368-1505
(Name of Contac	t Person) atat
Enclosed is a check for the following amount	made payable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate of	S Fee & \$\sumsymbol{\Pi}\$
Mailing Address	Street Address

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SOUTH BROADMOOR CONDOMINIUM, INC

(Name of Corporation as curr	ently filed with the	Florida Dept. of State)	•
715322		, , , , , , , , , , , , , , , , , , ,	
(Document Nur	mber of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florida Statiamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Ne</i>	ot For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corpor	ation:		
N/A			The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	ration" or "incorpo	rated" or the abbreviation "Corp.'	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	N/A	······································	
(Concept office mares) arose the Astronomy	<u> </u>		
		gur <del>†</del>	21
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		30.91
<u></u>			-5
	<del> </del>	· · · · · · · · · · · · · · · · · · ·	T
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		rida, enter the name of the	1:55
Name of New Registered Agent:		<u></u>	
	(Florida street address)		
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		ecept the obligations of the position	
<del></del>	Signature of New B	Pegistered Agent, if changing	<del> </del>

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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	JOHNSON LARCINE	198 JOEL BLVD #1
Add			LEHIGH ACRES, FL 33936
Remove			
2) Change	VP	JOHNSON EUGENE	198 JOEL BLVD #1
Add			LEHIGH ACRES, FL 33936
X Remove			
3) X Change	VP, T	TUTT MADELINE	198 JOEL BLVD #5
Add			LEHIGH ACRES, FL 33936
Remove			
4) Change	S	BLACKESLEE KATE	198 JOEL BLVD #8
X Add			LEHIGH ACRES, FL 33936
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)				
N/A					
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		<b>_</b>		<u>.</u>	

	. c date of each amendment e this document was signed	AUGUST 30TH, 2016	, if other than the
	e this document was signed ective date <u>if applicable</u> :	AUGUST 30TH, 2016	
		(no more than 90 days after amendment file date)	
No loc	te: If the date inserted in the tument's effective date on the	nis block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
٩d	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	Ctober 5, 2016	
	- 1.5	Jadelie Tutt	
	have i	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
		Modeline J Tutt (Typed or printed name of person signing)	
		Vice President (Title of person signing)	