## 717133

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13 OCT -7 AM IO: 32
SECRETARY OF STATE
FALL AHASSEE, FLORIDA

FILED

C. LEWIS

OCT 1.5 2013

EXAMINER

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ISLES	APAR	TMENTS#2INC
DOCUMENT NUMBER: 717133			
The enclosed Articles of Amendment and fee are su	abmitted for fi	ing.	
Please return all correspondence concerning this ma	atter to the foll	owing:	
BASIA ARMENTA			
	(Name of C	Contact Person	n)
GEA DINE DO DOMOA	-		EL 22060
651 PINE DR POMPA		ACH ddress)	rl 33000
	(A	iaress)	
	(City/ State	and Zip Cod	-)
SOLDBYBASIA		·	
E-mail address; (to be us	_		
For further information concerning this matter, plea	se call:		
BASIA ARMENTA	at	954	8228668
(Name of Contact Person)		(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the	Florida Depa	urtment of State:
\$35 Filing Fee Certificate of Statu	s Certified	Copy nal copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section			Address Iment Section
Division of Corporations		Divisio	on of Corporations
P.O. Box 6327 Tallahassee, FL 32314			Building executive Center Circle
ranamassee, PL 32314			assee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation 13 OCT -7 AM 10: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **GARDEN ISLES APARTMENTS #2 INC** (Name of Corporation as currently filed with the Florida Dept. of State) 717133 (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) 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.

Page 1 of 4

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.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	JOSEPH FERRARA	430 SE 9TH AVE
X Add			POMPANO BEACH FL 33060
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change	<del></del>		
Add			
Remove	•		

macn aaamonai sne	ets, if necessary).	ticles, enter char (Be specific)		
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APPROVED AND FILED

The date of each amendment(s) date this document was signed.  Effective date if applicable:	adoption: 9-1-13  (no more than 90 days after amenda	SECRE TARY OF STATE TALL AHASSEE, FLORIDA
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of voxal.	votes cast for the amendment(s)
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s).	The amendment(s) was/were
Dated 10/04	4/2013	
Signature		
(By the ch	airman or vice chairman of the board, preside	
	been selected, by an incorporator - if in the h rt appointed fiduciary by that fiduciary)	nands of a receiver, trustee, or
BASIA A	ARMENTA	
	(Typed or printed name of person signing)	)
SECRE	TARY	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

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