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S. TALLENT FEB 09 2017

Amend

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 121 Golden Condominium Assuciation DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 121 Golden Condo Association 121 Golden Isles Drive
(Address)

Hallondalle Beach IL 33009
(City/ State and Zip Code) For further information concerning this matter, please call: at 954 458-1029 (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

121 Colden Condomina (Name of Corporation as curre	ntly filed with the F	Clorida Dent. of State)		
717215		, , , , , , , , , , , , , , , , , , ,		
	ber of Corporation (if known)		
·	- ,	,		
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not</i>	For Profit Corporation adopts th	e follo	wing
A. If amending name, enter the new name of the corpora	tion:			
				new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ation" or "incorpor	ated" or the abbreviation "Corp.'	' or "I	nc."
		يرائر لمستيم		
B. Enter new principal office address, if applicable:	· · · · · · · · · · · · · · · · · · ·		7	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	1)	≱燕	11.1 11.1	
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C. Enter new mailing address, if applicable:			35	Ö
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	£-	
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D. If amending the registered agent and/or registered of	Saa addusaa in Elevi			
new registered agent and/or the new registered office		da, enter the name of the		
	<u>, </u>			
Name of New Registered Agent:				
May Projectional Office Address		(Florida street address)		
<u>New Registered Office Address:</u>				
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registere	d Agent:		,	
I hereby accept the appointment as registered agent. I am f	amiliar with and acc	ept the obligations of the position		
	Signature of New Re	gistered 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>Mi</u>	nn Doe ke Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<i>I</i>	Lois Anne Nel	121 Golden Isles Drive PHI Hayandaye BCK, 41,33009
2) Change Add			
Remove 3) Change Add Remove	T	Carla Ferrari	121 Golden Isles Drive Unit 603 Hawandake Bel. 32209
4) Change Add Remove		**************************************	
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here:
(attach additional sheets, if necessary),	(Be specific)
·	

The date of each amendment(s) ado late this document was signed	ption:	, if other than the
- ·	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory filing reartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes c	east for the amendment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The ares.	mendment(s) was/were
Dated	- 2017	
Signature		
have not been	nan or vice chairman of the board, president or on selected, by an incorporator – if in the hands oppointed fiduciary by that fiduciary)	
	Typed or printed name of person	n Payne signing)
	President-Boa	