718829

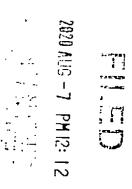
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	-
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

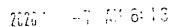


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06/15/20--01055--020 **52.50



AUG 1 0 2020 S. YOUNG





July 9, 2020

CATHERINE EVANOFF 5300 WASHINGTON STREET HOLLYWOOD, FL 33021

SUBJECT: BEVERLY HILLS CONDOMINIUM NUMBER EIGHT, INC.

Ref. Number: 718829

We have received your document for BEVERLY HILLS CONDOMINIUM NUMBER EIGHT, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

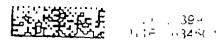
Shelia H Young Regulatory Specialist II

Letter Number: 620A00013331



JAX FL DSA 54

Haster 07/24 2020 USIGOSIXGES 000.43:



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BEVERLY XILD CONDOMINIUM COSP #8
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) (Name of Contact Person)
BEVERLY HULL CONDONINION CORP #8
5300 WASHING FON St
Hollywood H 3302/ (City/ State and Zip Code)
NCENRSE G LAROS, CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
(Name of Contact Person) at <u>Q54 - Q63 - 3 987</u> (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 (Additional copy is enclosed) ☐ 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, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flori			
BENEDLY HE (DOGUMENT NO	Us Condom	(DRP)	#8
(Document Nu	umber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not F	or Profit Corporation adopt	is the following
A. If amending name, enter the new name of the corpo	oration:		
	XI I A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporate	d" or the abbreviation "Co	rp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>:ss</u>) —	//17	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<i></i>	1/1/	
			
D. If amending the registered agent and/or registered		, enter the name of the	
new registered agent and/or the new registered offi	ice address:		
Name of New Registered Agent:		1/17	
		lorida street address)	7113
New Registered Office Address:	.,	TO THE STORY	
		, Florida	
	(City)	(Zip Code	r)
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered agent. I ar	m familiar with and accep	t the obligations of the posi	rion.
	i	///	
	Signature of New Regis	tered Agent, if changing:	
		67	
		۱- ۱۰ س ۱۰ س	17.72

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	PT John E V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)ChangeAdd	President	Olivio RAMSELG	5300 WAShington St Qi
Remove 2) Change Add	1st UP	Shilling GRANT	Hollywood Fl33021 5300 WAGHINGTON GL
Remove 3) Remove Add Remove		JAN DELLE CAVE	1300 WAShingtonSA
4) Change Add	SEPRETAR Treasurer	y CAtherine ENDNOFT	Lollywood H 53-00-WAShring Dollost U 202 Hollywood H
Remove 5) Change Add	PRESIDENT	Sue Tubbs	5300 WAShington St
Remove 6) Change Add	15+01	LINDA OPPENDAND	10/ Nollylipod 7 5300,WASKINGTON S Lollywood 4L
E. Hamending or ad	lding additional Ar heets, if necessary).	ticles, enter change(s) here: (Be specific)	72017910 530
		NIA	
			<u></u>

ad = 1 + 1/2 = 20
The date of each amendment(s) adoption:, if other than the date this document was signed, if other than the
The date of each amendment(s) adoption: 044/14/2020
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	members or members entitled to vote on the amendment(s). The amendment(s) was/were ne board of directors.
Date	d 7/30/2020
Sign	
	(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)
	CATHERINE EVANOFF
	(Typed or printed name of person signing)
	SECRETARY TREASUREL (Time for person signing)