## 718870

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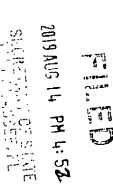
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Forever Elegant Condominium, inc.
DOCUMENT NUMBER: 71887()
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Manuel M Real
(Name of Contact Person)
(Firm/ Company)
12371 SW 47th St
(Address)
Miami 1FL / 33175
(City/ State and Zip Code)
realmmabell south net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manuel M Real at 786 234 4647
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certificate of Status    \$43.75 Filing Fee Certified Copy (Certified Copy (Additional Copy is Enclosed)

Street Address Amendment Section

Clifton Building

Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

## Articles of Amendment to Articles of Incorporation of

Forever Elegant Condom	ently filed with the Florida Dept. of State)
<del></del>	
7 1 3 8 7	nber of Corporation (if known)
·	•
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation;
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRES.</u>	<u> </u>
	₩
	Half to the state of the state
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- <u> </u>
:	, of the
	m N
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	
<del></del>	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>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>T</u>	Norman Hegedus	271 Lawn HW Miami Springs Fl 33/66
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove  5) Change Add			
Remove  6) Change			
Add Remove			

ttach additional sheets, if necessary).	(Be specific)
<u> </u>	
- "	
<u></u>	

	e date of each amendment(s) adoption:	, if other than the
	· · · · · · · · · · · · · · · · · · ·	
Effe	cctive date if applicable:  (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nument's effective date on the Department of State's records.	: listed as the
Ada	option of Amendment(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
Ø	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 8/12/20/9	
	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)	
	Manuel Maximo Real	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	