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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
Park Side Manor "B" Condo NAME OF CORPORATION:	
DOCUMENT NUMBER:	<u> </u>
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
John Turnipseed	
(Name	of Contact Person)
Parkside Manor B	l .
(Fi	rm/ Company)
P.O.Box # 3902	
	(Address)
Hallandale, Fla - 33008	l
(City/ S	state and Zip Code)
parksidemanorb@gmail.com	
E-mail address: (to be used for futu	ire annual report notification)
For further information concerning this matter, please call:	17
John Turnipseed	305 206-0574
(Name of Contact Person)	at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	_
(Add	75 Filing Fee & S52.50 Filing Fee fied Copy   Certificate of Status litional copy is Certified Copy osed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

Park Side Manor "B" Condominium Inc			
(Name of Corporation a	s currently filed with the	Florida Dept. of State)	<u>-</u>
Park Side Manor "B" Condominium Inc	<b>!</b> !		
(Docume	nt Number of Corporation	(if known)	
ursuant to the provisions of section 617.1006, Florid mendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the	following
. If amending name, enter the new name of the c	orporation:		
			_The new
ame must be distinguishable and contain the word " Company" or "Co." may not be used in the name.	"corporation" or "incorpor	rated" or the abbreviation "Corp."	or "Inc."
3. Enter new principal office address, if applicabl Principal office address <u>MUST BE A STREET AD</u>			
	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u> )		
			<u></u>
). If amending the registered agent and/or registe	ered office address in Flor	rida, enter the name of the	
new registered agent and/or the new registered	d office address:		: بد
Name of New Registered Agent:			
			<del></del> نــ
<del>-</del>		(Florida street address)	- 10
New Registered Office Address:			. 10
_		, Florida	<u> </u>
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and ac	cept the obligations of the position.	ر.

Page 1 of 4

address of each Office (Attach additional shee Please note the officer/of P = President; V = Vice Executive Officer; CFO held. President, Treasu	r and/or Directo ts, if necessary) director title by th e President: T = Ti 0 = Chief Financia rer, Director wou	r being added; he first letter of the office th reasurer; S= Secretary; D al Officer. If an officer/dir ld be PTD.	tle:   = Director: TR= ector holds mor	Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office
Changes should be note a change, Mike Jones l Mike Jones, V as Remo	eaves the corpora	tion, Sally Smith is named	the V and S. Th	the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	_	<u>Doe</u> : Jones : <u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	,	<u>Addres</u> s
1) X Change Add X Remove	PT	Susan Chen		
2) X Change	PT	Mario Blanco		P.o.Box 3902 Hallandale, FI 33008
Add Remove 3) X Change	Treas/Se	Gabrielle Yulis		
Add x Remove				
4) X Change X Add Remove	Treas	John Turnipseed		Hollywood, Fl 33021
5) Change X Add	Sec	Maria Trujillo		230 SW 11th Ave unit 12B Hallandale, Fl 33009
Remove  6) X Change	VP	Orly Amol		258 Summeridge Dr

\_\_\_\_ Add

Remove

Thornhill, Ontario 14J 8V4

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	
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	Ряре	3 of 4

he date of each amendme	ent(s) adoption:	, if other than the
ate this document was sign		
	July 14,2017	
Effective date <u>if applicable</u>	(no more than 90 days after amendment file date)	
	(no more than 90 days after americanem file date)	
Note: If the date inserted in locument's effective date o	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	not be listed as the
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )	
The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) approval.	
☐ There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated Signature	y 19,2017	
<b>₩</b> 8v	the chairman or vice chairman of the board, president or other officer-if directors	
hav oth	ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or ler court appointed fiduciary by that fiduciary)	
	John Turnipseed	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	