# 721435

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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: BEJER!	Hills Co	ndominium	Number
DOCUMENT NUMBER: 721435			<del> </del>
The enclosed Articles of Amendment and fee are submi	tted for filing.		٠, د
Please return all correspondence concerning this matter	to the following:		
MARYELLEN L	WALSH		2018 FEB 23
	Name of Contact Perso	n)	153 153
	(Firm/ Company)		•
5300 Washington	(Address)	7106	
Hollywood, Flori	City/ State and Zip Cod	9091	
123 MENTE a Comcas  E-mail address: (to be used to			_ <del></del>
For further information concerning this matter, please ca	alt:		
Marieller Walsh (Name of Contact Person)			1680 none Number)
Enclosed is a check for the following amount made paya	•		
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations		Iment Section on of Corporations	
P.O. Box 6327	Cliftor	Building	
Tallahassee, FL 32314	2661 E	Executive Center Circle	

Tallahassee, FL 32301

#### Articles of Amendment

to

## Articles of Incorporation of

BEVERLY Hills Condomin	illim Number Eleve	N Inc
· · · · · · · · · · · · · · · · · · ·	tly filed with the Florida Dept. of State)	
721435		
(Document Number	er of Corporation (if known)	.:
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts	the following.
A. If amending name, enter the new name of the corporation	on:	کن اهم اکسان
N)/A		Tha may
name must be distinguishable and contain the word " corporati "Company" or "Co." may not be used in the name	ion" or "incorporated" or the abbreviation "Corp	p." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NJA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>, j / A</u>	20.3 5 6.03
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.		<u>\(\frac{1}{2}\)</u>
Name of New Registered Agent: MA	RYELLEN WAISH  DO Washington ST  (Florada sirect address)	R106
New Registered Office Address:	(Florida sireet address)	
<u>Holl</u>	(City) Florida (Zip Code)	330a !
New Registered Agent's Signature, if changing Registered I lereby accept the appointment as registered agent. I am fan		on,
Sig	gnature 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	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	15+ VP	Moreen Danielson	5300 Washington ST P108 Hollywood, Fl 33021
2) Change Add Remove	1st VP	TERRI GOMES	5300 Washington ST.  Pro7  Hollywood, Fl33021
3) Change Add Remove	Secretary	Terri Gomes	5300 Washington ST R107 Hollywood, FL 33021
4) Change Add Remove	Secretary	JANINA ARSENAUL	5300 Washington ST 5115 Hallywoud, FL 33021
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption date this document was signed.	: January	13,2018	, if other than the
Effective date if applicable:	namore than 90 days after amenda	2018 ment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen		iling requirements, this date	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of	votes cast for the amendmen	t(s)
There are no members or members enti- adopted by the board of directors.	itled to vote on the amendment(s).	The amendment(s) was/were	2
Dated Feb 1	6/2018		
Signature			
have not been selec	vice chairman of the board, preside ted, by an incorporator - if in the hed fiduciary by that fiduciary)		
MARJE	ELLEN WA\SI (Typed or printed name of	H person signing) (PRF	SIDENT
May	ELDEN Walsh (Title of person	- PASA signing)	-