

72/583

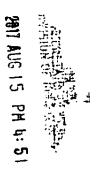
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400301344944

07/17/17--01015--020 **25.00 08/18/17--01017--002 **10.00



Mos Start

JUL 21 2017 C NICHAIR

COVER LETTER

NAMED AND ASSESSED.

2017 AUG 15 PM 4: 51 Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 1852.50 Filing Fee A\$10.00 Certificate of Status (E-Filling fee □\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is

Mailing Address

TO: Amendment Section

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

Enclosed)



. to	ment		The training
Articles of Incorpo	ration	. Coolor G: A	16. 74
(Name of Corporation as currently filed with	Il Apts, Inc	2017 AUG 15	PM 4: 51
771683	<u></u> ,		
(Document Number of Corpor	ation (if known)		
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida</i> amendment(s) to its Articles of Incorporation:		the following	
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation" or "inc "Company" or "Co." may not be used in the name.	corporated" or the abbreviation "Corp	The new	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	39 SW 19th CT Boca Ruton, F	T, Unit 1 24 334	4- 133
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: Name of New Registered Agent:	h Florida, enter the name of the		
New Registered Office Address: (City)	(Florida street address) AA Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a		on C	
Signature of N	Wew Registered Agent, if changing	<i>'\D'</i>	

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.

mine somes, r as ne	more, and barry smith,	D. us un nua.	
Example: X Change X Remove X Add	PT John De V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	Title	Name /	<u>Addres</u> s
1) Change	Prosident	Albert Russo	8839 SW 19th.CT, Unit H Boca Raton, FL
AddRemove	(7)		
2) Change	Ex President	Alfred Reichman	100 38 SE Osprey Pointe Hobe Sound, FL
AddRemove			Hobe Sound, FL 33455
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change Add			
Remove			

tach additional sheets, if necessary).	(Be specific)	
···		
<u> </u>		
	* * *	
· <u> </u>		

	date of each amendment(s) adoption: 8/10/2017, if of this document was signed.	her than the
Effe	ctive date if applicable: (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
	E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed iment's effective date on the Department of State's records.	d as the
Ado	ption of Amendment(s) (CHECK ONE)	
Ø	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
	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 8/10/2017	
	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)	
	Albert Xusso	
	(Typed or printed name of person signing)	
	President of Hovianna II	4,015
	(Title of person signing)	