728446

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	PINE ISLAND RID	GE CONDOMINIUM B	ASSOCIATION	, INC.
	728446			
DOCUMENT NUMBER:			-	
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
JOSEPH RUIDIAZ				
	• •	(Name of Contact Person	n)	-
CREAM MANAGEMENT	& CONSULTING			
		(Firm/ Company)		
9110 GRIFFIN ROAD				
		(Address)		
COOPPER CITY, FLORID	A 33328			
	_	(City/ State and Zip Cod	e)	
PIRCO224@YAHOO.CON	1			
E	-mail address: (to be used	for future annual report	notification)	
For further information cond	cerning this matter, please	call:		
JOSEPH RUIDIAZ			4-585-0555	
	(Name of Contact Person) at	rea Code) (Day	ytime Telephone Number)
Enclosed is a check for the f	following amount made pa	ayable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filin Certificate of Certified Co (Additional Enclosed)	of Status Ppy
Division o P.O. Box	ent Section of Corporations	Ameno Divisio The C	Address Iment Section on of Corporation entre of Tallaha N. Monroe Stre	issee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PINE ISLAND RIDGE CONDOMINIUM B ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
728446		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
N/A		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADD	RESS)	
	 	~;)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>) N/A	
		:
		
D. If amending the registered agent and/or register new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	- CF	lorida street address)
N/A	A	
	(Сііу)	, Florida (Zip Code)
	•	, , , , , , , , ,
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Regist	tered Agent, if changing

and address of each Off (Attach additional sheets, Please note the officer/di P = President; V = Vice I	Sicer and/or Direc , if necessary) rector title by the j President; T= Trec = Chief Financial	first letter of the office title: nsurer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more tha	ustee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ives the corporation	on, Sally Smith is named the V and S . These s	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: XChange X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>T</u>	SCHNEIDER, FRANK	9470 TANGERINE PLACE #403 DAVIE, FL 33324
 X Remove 2) Change Add 			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		LISTED AS THE TREASURER. IDER PASSED AWAY AND IS NO LONG	ER THE TREASURER.
			

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				-
The date of each amendment(s) ac date this document was signed.	doption:			, if other than the
Effective date if applicable:				
	(no more than 90 c	lays after amendme	ent file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the app partment of State's recor-	licable statutory fil ds.	ing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were at was/were sufficient for approve	dopted by the members and	nd the number of v	otes east for the amend	lment(s)

.

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 Sept 17, 2020
Signature Layle Selve
(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)
Gayle Sikora
(Typed or printed name of person signing)
President (Title of person signing)