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SECRETARY OF STAT

C. GOLDEN

JUL 2 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LAKESIDE MANOR GAST ASSOCIATION DOCUMENT NUMBER: 728850 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (City/ State and Zip Code) rdemanureast @ amail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ____at <u>561 - 713 - 4389</u> (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation

FILED

2018 JUL 23 PM 3: 33 SECRETARY OF STATE TALLAHASSEE. FL 728850 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NIA 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Address</u>
1) Change	P MICHAEL GORDON	5901 NW 17th PLACE
Add		UNIT 106
Remove		SUNRISE, FL 33313
2) Change	P CHREIN MUOR	5820 NW 17th PLACE
Add		UNIT 205
Remove		50NRISE FL 33313
3) Change	VP REBUCCA PEREZ	SUPPRISE, FL 33313 5901 NW17th PLACE
Add		UNIT 106
<u></u> ✓ Remove		SUNRISE FL 33313
4) Change	VP DONOVAN DONNIS	5820 NW 17th PLACE UNIT 206
Remove		SUNRISE , FL 33313
5) Change	ST CLEAVE BEASLEY	5901 NW MA PLACE
Add		UNIT 106
✓ Remove		SUNRISE FL 33313
6) Change	S, T PATRICIA HALL	5820 NW 17th PLACE
Add		UNIT 302
Remove	Page 2 of 4	SUNRISE , FL 33313

If amending or adding additional Article attach additional sheets, if necessary). (Be specific)	
		N/A
		N/A
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 07/1	8/18	
Signuture		
have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	RETH MUOR	
	(Typed or printed name of person signing)	
PRI	SIDENT	
	(Title of person signing)	