

729961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

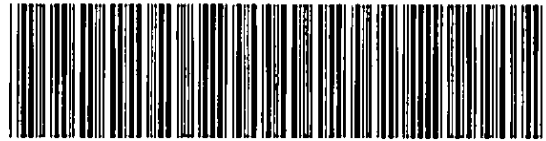
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700337896487

13.15.17-01037-010 **86.00

S TALLENT
JAN 16 2020

2019 DEC 16 AM 11:22

FILED

Amend

ESLER & LINDIE, P.A.
Attorneys at Law

BETH G. LINDIE*, Member
GARY A. ESLER, Retired
JEREMY M. ZUBKOFF, Of Counsel

* Board Certified - Condominium
And Planned Development Law

400 SOUTHEAST 6TH STREET
FORT LAUDERDALE, FLORIDA 33301-3405
TELEPHONE: (954) 764-5400
FACSIMILE: (954) 764-5408
URL: <http://www.eslerandlindie.com>
Direct Email: blindie@eslerandlindie.com

December 11, 2019

Florida Department of State
ATTENTION: AMENDMENT SECTION
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Environ Condominium II Association, Inc.
Document Number-729961

Dear Sir or Madam:

Enclosed please find the Cover Letter and signed Articles of Amendment to the Articles of Incorporation to amend the registered agent for Environ Condominium II Association, Inc.

Also, enclosed please find Environ Condominium II Association, Inc.'s check number 4110 in the amount of \$35.00.

Thank you for your assistance and if you have any questions, please call our office.

Very truly yours,



BETH G. LINDIE

BGL/sag
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ENVIRON CONDOMINIUM II ASSOCIATION, INC.

DOCUMENT NUMBER: 729961

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERRIE GOTTESMAN
(Name of Contact Person)

ESLER AND LINDIE, P.A.
(Firm/ Company)

400 SE 6TH STREET
(Address)

FORT LAUDERDALE, FL 33301
(City/ State and Zip Code)

SG@ESLERANDLINDIE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERRIE GOTTESMAN at 954 764-5400
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (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

JE&A
DEC 03 2019

Articles of Amendment
to
Articles of Incorporation
of

ENVIRON CONDOMINIUM II ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

729961

(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:

_____ *The new 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)

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: BETH LINDIE, ESQUIRE, ESLER AND LINDIE, P.A.
400 SE 6TH STREET

(Florida street address)

New Registered Office Address:
FORT LAUDERDALE, Florida 33301

(City) (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

2019 DEC 16 AM 11:22

FILED

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast 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 12/6/19

Signature Louis Alfieri

(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)

Lou Alfieri, President

(Typed or printed name of person signing)

President

(Title of person signing)