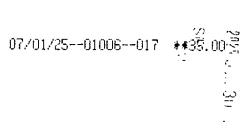


(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
DE	Filing Officer: JUN 3 0 2025	, /
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	(<i>\)</i> '	HOD.

Office Use Only





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE CYPTESSES OF BOXA LAGO CONDOMINIUM
DOCUMENT NUMBER: 744202
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
sheila Smith
(Name of Contact Person)
Boca Lago Mynt
(Firm/ Company)
9039 Vista Del Lago
Bola Raton, F 33+28 (City/ State and Zip Code)
(City/ State and Zip Code)
Shella Shimant @ comcast. net &
For further information concerning this matter, please call:
Meila Smith (Name of Contact Person) at <u>April 483 4000</u> - (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	of	
The Cypresses of Boxa	Lasco Condomir	num Associat
(Name of Corporation as currently filed with the Florid	la Dept. of State)	
744202		
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Con	rporation adopts the following
A. If amending name, enter the new name of the corpo	eration:	
		The new
name must be distinguishable and contain the word "corpo" "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 ADDRE.		
		기 구 기 구 기 구 - 기 구
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered of	office address in Florida, enter the n	name of the
new registered agent and/or the new registered office	ce address:	
Name of New Registered Agent:		
	,	
/	(Florida street ad	dress)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register		
I hereby accent the appointment as registered agent. I am	a familiar with and accept the obligati	one of the nocition

Signature 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Director	Mark Linn	21547 Cypress Haminich Dr Bown Reston, FL 33428 # 42
Remove 2) Change Add	Director	Robert Silverman	21413 Cypress Hammuch Dr. H247 Boca Raton To 33428
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or a (attach additional)	dding additional A sheets, if necessary)	rticles, enter change(s) here:). (Be specific)	

	
	2
	<u>-</u>
The date of each amendment(s) adoption: $\frac{5/38/25}{}$	if other than the
Effective date if applicable: 5/28/25 (no more than 90 days after amendment file date)	

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 6/2-0/25	
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)	
Sheldon Weiner	
(Typed or printed name of person signing)	
President	
(Title of person signing)	