## 749201

(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



800317723638

08/04/18--01024--022 \*\*43.75

FILED

18 SEP -4 M 6:1

SECRETARY OF STATE
ALLANDASSEE FLORE

SEP 11 2018 S. YOUNG

## **COVER LETTER**

TO: Amerilifient Section Division of Corporations

NAME OF CORPORATION: Portofino on the Intra coastal condominium Association, inc.
DOCUMENT NUMBER: 749201
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SI AVI SA BIKIC  (Name of Contact Person)
(Name of Contact Person)
Portofino on the Intracocistal Condominium Association in (Firm/Company)
77. S. Birch Road (Address)
Fort Lauderdall FL 35316 (City/State and Zip Code)
Duitofino (ando @ com cust. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephany Arana at 954) 319 - 0505 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  A mendment Section  Amendment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

Portofino on the Intracoasto	11 Condominium	n Association, inc
(Name of Corporation as current	ly filed with the Florida De	pt. of State)
74920	1	
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profi</i>	a Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
NIA		The new
name must be distinguishable and contain the word "corporation" or "Co." may not be used in the name.	on" or "incorporated" or th	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N	A 7 5 5 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N l	P -4 AH 6: 18
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	dress:	the name of the
Name of New Registered Agent:	N/A	<del></del>
New Registered Office Address:	(Florida str.	eet address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: iliar with and accept the obl	ligations of the position.
Sig	nature of New Registered As	gent, 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	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>^                                    </u>	Lazaro Hernandez	77 South Birch Doad Fort Lauderdall, FL 33316
2) Change Add Remove	<u>T</u>	Andrea Mills	77 South Birch Road Fort Landerdall, JL 33316
3 ) Change Add Remove	<u>D</u>	Gary George	77 South Birch Road Fort Landurdale, PL3316
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	(Be specific)			
	<u> </u>			
	•			
	<u> </u>			
11741C-1		····		
		<del></del>		<del></del>
1111.14		·		
, <u>, , , , , , , , , , , , , , , , , , </u>		<del></del>		
	·	<del></del> -		
			<del> </del>	<del> </del>
		<u> </u>		

The date	date of each amendment(s) adoption: this document was signed.	May	10, 2018	, if other than the
Effe	ective date <u>if applicable</u> :	May no more than 9	10, 2018 O days after amendment file date	·
	e: If the date inserted in this block does ument's effective date on the Department			nents, this date will not be listed as the
Ado	option of Amendment(s)	CHECK ONE	9	
☐	The amendment(s) was/were adopted by was/were sufficient for approval.	y the members	and the number of votes cast for	the amendment(s)
	There are no members or members enti- adopted by the board of directors.	itled to vote on	the amendment(s). The amendm	ient(s) was/were
	Dated	8-6-1	<u> </u>	
	Signature	9		
		ted, by an incor	of the board, president or other of porator – if in the hands of a rece that fiduciary)	
		Brian J		
			or printed name of person signing	g)
			( Mue of person signing)	