750211

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2020 JULO W PH 3: 39

Amend

AUG 17 2020 I ALBRITTON

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: Paradise, Villas Condom	inium
DOCUMENT NUMBER: 750211	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following: Jennifer Saldana-Hemor	rde 7
(Name of Contact Person) (Set of Company) (Firm/ Company)	im
SOIBlue Heron Drive #3	22A
Hallahdale Beach Fl. 3300	PC
(City/ State and Zip Code) Tarad Sevil City State and Zip Code) E-mail address: (to be used for future annual report notification)	Hook.com
For further information concerning this matter, please eall:	
(Name of Contact Person) at (Area Code) (Days	56-7205 time Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Certificate of Status ☐ \$60 Certificate of Certi	Status Dy
Mailing Address Street Address	

TO: 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

Article	of A	
Foradise Villas Condor	vinium Accu	riction In
(Name of Corporation as currently filed with the Florida	Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aranon, ar
350211	,	
(Document Num	per of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statu	os this Florida Not For Profit C	armaration adopte the followin
amendment(s) to its Articles of Incorporation:	os, tito i torium (tori i to i rogu C	orporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
		Т/
name must be distinguishable and contain the word "corpore	tion" or "incorporated" or the a	The nev bbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		•
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	202
		<u> </u>
		DW PM 3: 35
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		J. W.
(Studing datess MAT BE A POST OPPICE BOX)		P - P
		.پ د
		<u> </u>
). If amending the registered agent and/or registered off	ce address in Florida, enter the	name of the
new registered agent and/or the new registered office		manie of the
Name of New Registered Agent:		
N. B	(Florida street a	address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fa	mitiar with and accept the obliga	tions of the position.
	ignature 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	P	Michaelene Mege	V 501 Blue Henry Drive #327 A Hallondale Brach, Fl. 3300
RemoveChangeAdd	\mathcal{D}_{-}	Shirley Falcone	501 Blue Heron Drive #322A Hallendale Seach, FL 33009
Remove Change Add	\mathcal{P}	Maria Saa	501 Blue Heron Drive #322A Halkindale Beach Fl. 33009
Remove 4) Change Add	I	Jacques Boy	501 Blue denn Drive #322A Halkndale Barch, FL. 33009.
Remove 5) Change Add	\supset	Karen Brennan	501 Blue Heron Drive #322A Hallandale Sauch, Fl. 33009.
Remove 6) Change Add			
		rticles, enter change(s) here:	
(attach additional shee	ets, if necessary)	(Be specific)	
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The date of each amendment(s) adop			<u> </u>	, if other than the
date this document was signed.	6/25/2	2 ~		
Effective date <u>if applicable</u> :	10/10/0			
	(no mbre than 90°day	s after amendment fil	e date)	

<u>Note:</u> 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.

Dated	6/25/2020
Signature	Comage Jalob
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Amaya Valdes