750809

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TO: Amendment Section Division of Corporations

CASA VERANO CON NAME OF CORPORATION:	ONDIMINIUM ASSC	CIATION IN	C
750809 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
STEVE LIPPMAN			
	(Name of Contact Pe	rson)	
FIRST CHOICE PROPERTY MANAGEMENT			
	(Firm/ Company)	
9045 LA FONTANA BLVD SUITE 112			
	(Address)		
BOCA RATON FL 33434			
	(City/ State and Zip C	Code)	
E-mail address: (to be used	for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
STEVE LIPPMAN	at.	561	999-4349
(Name of Contact Person	at _.		(Daytime Telephone Number)
Enclosed is a check for the following amount made po	ayable to the Florida [Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section		eet Address endment Sect	ion
Division of Corporations		ision of Corpe	

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

CASA VERANO CONDOMINIUM ASSOCIATION INC

(Name of Corporation as currently filed with the Florida L	Dept. of State)
750809	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
N/A	The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	5
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent: N/A	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	
	gnature 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	V Mike	Doe : Jones · Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>~</u> Change Add	PRES	PETER TOMASSETTI	9045 LA FONTANA BLVD #112 BOCA RATON FL 33434
Remove			
2) xxx Change Add	<u>v p</u>	NANCY ADAMO	9045 LA FONTANA BLVD #112 BOCA RATON FL 33434
Remove 3) ×× Change	SEC/TR	JANET KAYAN	9045 LA FONTANA BLVD #112 BOCA RATON FL 33434
4) <u>xx</u> Change Add	DIR	DESIRAE GARZIA	9045 LA FONTANA BLVD #112 BOCA RATON FL 33434
Remove			
5) ×× Change Add	DIR	SHIRLEY KELLEY	9045 LA FONTANA BLVD #112 BOCA RATON FL 33434
Remove			
6) Change Add			
Remove			
E. If amending or additional sk		Articles, enter change(s) here:). (Be specific)	
N/A			

	<u>-</u>
	
	<u>-</u>
	
	if other than the
date this document was signed.	
Effective date if applicable: SEPTEMBER 2, 2020 (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 document's effective date on the Department of State's records.	listed as the
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	09-24-2020
Signature	Bythe chairman or vice chairman of the board, president or other officer-if directors
- 0	(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)
	JANEZ KAYAN (Typed or printed name of person signing)
	(Typed or printed name of person signing)