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(Requestor's Name)			
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(City	//State/Zip/Phon	e #)	
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TALLAHASSEE FLORIDA

Thobas 1-3-11



ASSOCIATION

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LIV	1NG	CONDITIONED	CONDOMINICOM
DOCUMENT NUMBI	ER: <u>7</u>	55 6	36	
The enclosed Articles of	f Amendment and	fee are subr	nitted for filing.	
Please return all corresp	ondence concernin	g this matte	er to the following:	
			0 - 4-11	
		SACO	B COHEN	
		(Name of	Contact Person)	
		(Firm/	Company)	
	3881	N.V	V, 99 AV,	
		(A	ddress)	
	-ORAL-S	SPRIN	and Zip Code)	0 65
<u> </u>		(City/State	and Zip Code)	
70HA	RHODAYA	(O)AO	L, COM	
	E-mail address:	(to be used	for future annual report not	ification)
For further information	concerning this ma	itter, please	call:	
TACOL	3 COME	V	at (954) 58 (Area Code & Da	8-9543
(Name of	Contact Person)		(Area Code & Da	ytime Telephone Number)
Enclosed is a check for	the following amou	unt made pa	yable to the Florida Departr	ment of State:
\$35 Filing Fee	個 \$43.75 Filing F	ee &	2 \$ 43.75 Filing Fee &	\$52.50 Filing Fee
· ·	Certificate of State	us	Certified Copy	Certificate of Status
			(Additional copy is	Certified Copy
			enclosed)	(Additional Copy is enclosed)
<u>Mailing</u>	Address		Street Address	,
	nent Section		Amendment Section	on
	of Corporations		Division of Corpo	rations
P.O. Box			Clifton Building	
Tallahas	see, FL 32314		2661 Executive Co	enter Circle

Tallahassee, FL 32301

•	Articles of Amendment to	
بر ح	Articles of Incorporation of	TO DEC 28 AM 9:51
(Name of Corporation as c		A COLOR OF BEATER A COLOR CAN
LIVING - CONPITIONED	CONDOMINIUM	ASSOCIATION ITNOME
(Document	Number of Corporation (if	known)
suant to the provisions of section 617.16 following amendment(s) to its Articles		Torida Not For Profit Corporation adopts

A.	If amending nam	e, enter the new name of	the corporation:
			

The new name must be distinguishable and contain the work abbreviation "Corp." or "Inc." "Company" or "Co." may no	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	JACOB COHEN 3881 N.W. 99 AV,
	CORAL-SPRINGS, FL. 33065
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3881 N.W. 99 AV. CORAL-SPRINGS, Fl. 33065

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:	JACOB COHEN
	3881 N.W. 99 AV.
New Registered Office Address:	(Florida street address)
	LORAL-SPRINGS, Florida 33065
	(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 Ragistered Agent, if changing

Page 1 of 3

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)

	<u>Title</u>	Name	Address	Type of Action
V	PTD	JACOB COHEN	3881 N.W. 97 AV. CORAL-SPRINGS FL. 33065	M Add ☐ Remove .
•	PTD	DELGADO, SERGIO	11617 NW. 35CT CORAL SPRINGS FI 33065	
		·		☐ Add ☐ Remove
	(attach addi	tional sheets, if necessary). (Be specific		

The date of each amendment(s) adoption:	12/16/10
•	(date of adoption is required) 12/17/0
Effective date if applicable: (no mor	e than 90 days after amendment file date)
Adoption of Amendment(s) (CH	ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	o vote on the amendment(s). The amendment(s) was/were
Dated 12/17/10	
Signature SA	vice chairman of the board, president or other officer-if directors
have not been selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or
	fiduciary by that fiduciary)
(Tyr	B COHEN ped or printed name of person signing)
wrT	ME of 1-4 (11621)
11621 2Kar OWNE O	(Title of person signing) $ \frac{F}{F} \frac{RENTED}{N} = \frac{P}{N} \frac{T}{N} $
	(Title of person signing)

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