756465

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TO: Amendment Section Division of Corporations



2018 JUN -8 PM 12: 80

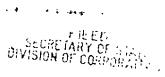
ATLANTIS ID, A CONDOMINIUM INC. NAME OF CORPORATION:	- 71112: [
756465 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AUDRA FOURNIER	
(Name of Contact Person)	
(Firm/ Company)	
2901 PAR LN APT D	
(Address)	
TALLAHASSEE FL 32301	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Awira N. Fourner at (850)765 - 2807 (Name of Contact Person) (Area Code) (Daytime Telepho	
	ne Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation of



ATLANTIS ID, A CONDOMINIUM INC.		2010 JUN -8 PM 12: 00		
(Name of Corporation as cu	rrently filed with the F	lorida Dept. of State)		
7	15/04/05			
(Document N	lumber of Corporation (i	f known)		
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not	For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corp	oration:			
name must he distinguishable and contain the word "corp	noration" or "incorpore	The new		
"Company" or "Co." may not be used in the name.	poration in incorpora	ted or the distrevitation Corp. or Inc.		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2901 PAR LN A	ס די		
	TALLAHASSEE	FL 32301		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		la, enter the name of the		
	AUDRA FOURNIER			
	I PAR LN APT D	······································		
	(Florida street address)			
New Registered Office Address:				
TALL	LAHASSEE	, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered agent. I a	m familiar with and acci	p) the obligations of the position.		
/	Signature of New Res	YVV] vistered 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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	ANN E TAYLOR	1221 SEDGEFIELD RD
Add			TALLAHASSEE FL 32317
X Remove			
2) Change	PD	RICHARD RYAN	338 WATERVIEW COVE RD
Add			FREEPORT FL 32439
X Remove			
3) Change			
Add			
Remove			
4) Change		······································	
Add			
Remove			
5) Change			
Add			
Remove			
(Chemistrian			
6) Change			
Add			<u></u>
Remove			

If amending or addit (attach additional shee	ng additional Artic ets, if necessary).	eles, enter cha (Be specific)	inge(s) here:				
				.,			
	<u> </u>						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more tha	in 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	e applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK C	<u>ONE</u>)
■ The amendment(s) was/were adopted by the membwas/were sufficient for approval.	pers and the number of votes east for the amendment(s)
There are no members or members entitled to vote adopted by the board of directors.	on the amendment(s). The amendment(s) was/were
05/31/2018	
Dated	
Signature (M. Marie	2
	an of the board, president or other officer-if directors accorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary	
ANN E TAYLOR	
(Ту	ned or printed name of person signing)
TREASURER	
	(Title of person signing)