## 757812

(Requestor's Name)
(Address)
Address
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Puninger Eatity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
l

Office Use Only



900323224989

01/18/19--01011--029 \*\*35.00

1/24/19 0/2

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Camelot Shores	Condominium Association, Inc
DOCUMENT NUMBER: 7578/2	
The enclosed Articles of Amendment and fee are submitted for tili	ng.
Please return all correspondence concerning this matter to the follo	wing:
Michael Williamo of Co	ontact Person)
Camelot Shores (Firm/C	Condo Assn Tec
801 NE 18th	C+ # (00 = ===============================
Fort Lauderdal-	e FC 33305°
	mual report notification)
For further information concerning this matter, please call:	
Michael Williams (Name of Contact Person)	at (954) 774–465/ (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the F	Florida Department of State:
Certificate of Status Certified (Additional enclosed)	Copy Certificate of Status al copy is Certified Copy
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

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

Article	s of Incorporatio	n			
Ornalal Chance	of	\ .a \ \ \ . a	-11-		
	lominic		Clatic	24,	<u>_</u>
(Name of Corporation as curren	itly filed with the	r forida Dept. of S	state)		
	<u> </u>				
(Document Numb	per of Corporation	i (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	ot For Profit Corpo	nration adopts	the follos	ving
A. If amending name, enter the new name of the corporat	ion:				
				The .	
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpe	orated" or the abbre	eviation "Corp		
B. Enter new principal office address, if applicable:		· · · · · · · · · · · · · · · · · · ·			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)		<del>-</del> 1	23	
		· · · · · · · · · · · · · · · · · · ·	<del></del>	(13	1
			· · ·	نب <del>حا</del> ئند	
C. Enter new mailing address, if applicable:			ンこ	-8	₹ 4
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·		. i 
				ن م	محمده و
			<u>-</u> .	ان	
		<u>-</u>		בֿב	<del></del>
D. If amending the registered agent and/or registered offi		rida, enter the nan	ne of the		
new registered agent and/or the new registered office a	iddress:				
Name of New Registered Agent:	.—				
		(Florida street addre	253)		<del></del> -
New Registered Office Address:					
			. Florida		
	(Cin)		(Zip Code)		
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent. I am fa		ccept the obligation	s of the positio	m.	
				<del></del>	
2.	ignature of New F	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	PT John I. V Mike . SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	S,T,D	Godbout, Frank	Fort lauderdale, FC 33305
2)Change	D	Anthony Fiori	Fortlanderdale, FL
Remove 3) ChangeAdd	<u>A</u>	Lee Swygert	33305  80) NE 18th ct, bex 100  Fort lauderdale, FL 33305
4) Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	(Be specific)	
<del> </del>		
<u> </u>		
· <u>·</u>		
		<del> </del>
		<u>.</u>
	&	)
<del>-</del>		ρ
	हिं। व	ΣĪ
· <del></del>		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 nedocument's effective date on the Department of State's records.	ot be 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.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated $C/-/4-/9$	
Signature  (By the 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)	
Michael Williams	81 WV 6187
(Typed or printed name of person signing)  Resident	W 18
(Title of person signing)	4: 5 <sup>4</sup>