758114

(Requestor's Name)
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,
(City/State/Zip/Phone #)
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2021 JUN 114 AM 10: 51

COVER LETTER

TO: Amendment Section
Division of Corporations

	CONDOMINIUM ASSOCIATION, INC
758114	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
KAREN FHIMA LIPPMAN	
	(Name of Contact Person)
OXYGEN SUMMIT ASSOCIATION SERVI	CES
	(Firm/ Company)
1489 WEST PALMETTO PARK ROAD # 50:	5
	(Address)
BOCA RATON, FLORIDA 33486	
	(City/ State and Zip Code)
CUSTOMERSERVICE@OXYGENMGMT.C	ОМ
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
KAREN FHIMA LIPPMAN	561-999-9701 at
(Name of Contact	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
☑ \$35 Filing Fee □\$43.75 Filing F Certificate of S	
Mailing Address	Street Address

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 of

FILED

200 LESUE CONDOMINIUM ASSOCIATION, INC.

2021 JUN 14 AM 10: 52

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	SECRETARY OF STAIN
758114		ALE STREET CONTROL
(Document N	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS) _{N/A}	
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	N/A	
	N/A	
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent: N/A		
N/A		
	(Flo	rida street address)
New Registered Office Address:		
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I describe the appointment of the second sec	tered Agent: am familiar with and accept	the obligations of the position.
	Signature of New Registe	red 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 Sr	ones .	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>VP</u>	RICARDO BEJERANO	200 LESLIE DRIVE LOWER LOBBY MGMT OFFICE
Remove			HALLANDALE BEACH FL 3300
2) × Change Add	TREASI	PATRICIA BLATT	200 LESLIE DRIVE LOWER LOBBY MGMT OFFICE
Remove 3)	TREASI	SHANA MULLINS	HALLANDALE BEACH, FL 3300 200 LESLIE DRIVE LOWER LOBBY MGMT OFFICE HALLENDALE BEACH, FL 3300
4) Change Add	<u>_</u>		
Remove 5) Change Add Remove		<u>.</u> .	
6) Change Add			
Remove E. If amending or addir	ng additional <u>Arti</u>	icles, enter change(s) here:	
(attach additional shee	rts, if necessary).	(Be specific)	
N/A			

						
	<u> </u>			 -		
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			·			
						
	 .		-			
						
				•		
						
The date of each amendment date this document was signed	(s) adoption: _	N/A 			, if other th	an the
Effective date if applicable:	N/A					
Enective date it applicable:	(no	more than 90 days af	ter amendment file	date)		
Note: If the date inserted in the document's effective date on the	is block does n he Department	ot meet the applicable of State's records.	statutory filing rec	quirements, this date v	will not be listed as t	he
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)				
The amendment(s) was/w was/were sufficient for ap		the members and the	number of votes ca	ast for the amendment	(s)	

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 June 9, 2021
Signature Robert Shotade
(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)
ROBERT SHOSTACK
(Typed or printed name of person signing)
TRESIDENT,
(Title of person signing)