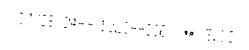


(Requestor's Name)
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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: PARLIAMENT EA	ST CONDOMINIUM ASS	OCIATIO	ON, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
RISA ADLER			
	(Name of Contact Person)		
PARLIAMENT EAST CONDOMINIUM ASSOCIA	TION, INC.		
,	(Firm/ Company)		
2427 PRESIDENTIAL WAY			
	(Address)		
WEST PALM, FL 33401			
	(City/ State and Zip Code)	-	
manager@parliamenteast.org			
E-mail address: (to be used	for future annual report no	otification	1)
For further information concerning this matter, please	call:		
RISA ADLER	561 at		683-1001
(Name of Contact Person		(Code	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depar	tment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certifi Certifi (Addit Enclo	Filing Fee cate of Status cd Copy ional Copy is sed)
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

PARLIAMENT EAST CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	•
762170		1:04
(Document	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For F	rofit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
	<u></u> -	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" o	or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
Trincipul office address <u>most be 11.51122171551</u>		
		<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
D. If amending the registered agent and/or registere	ed office <u>address in Florida, en</u>	ter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Floria	a street address)
A STATE OF THE STA		
-	(Citv)	, Florida (Zip Code)
	-	,
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		obligations of the position.
	,	
	Signature of New Registere	d 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 De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u> s
1) Change Add	VICE PI	MULLINGS, PAULINE	2427 PRESIDENTIAL WAY West Palm Beach, FL 33401
x Remove			
2) × Change Add	TREASI	ADLER, RISA	2427 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401
Remove 3) Remove	<u>SECRET</u>	CORTES, JOSEPH	2427 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401
4) Change Add			
Remove			• • • • • • • • • • • • • • • • • • •
5) Change Add			
Remove			
6) Change Add			
Remove			<u> </u>
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			
			-

<u> </u>	
	
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	555 <u> </u>
HINE 20, 2024	
The date of each amendment(s) adoption: JUNE 20, 2024 date this document was signed.	, if other than the
HINE 20, 2024	
Effective date if applicable:	21. (
(no more than 90 days after amendment	t file date)
Note: If the date inserted in this block does not meet the applicable statutory fiting	g requirements, this date will not be listed as the
document's effective date on the Department of State's records.	D 1

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of 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 26, 2024
Signature (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)
RISA ADLER
(Typed or printed name of person signing)
TREASURER

(Title of person signing)