766428

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COVER LETTER

TO: Amendment Section Division of Corporations

CEDAR CREEK BUSINESS AND PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

NAME OF CORPORATION:				
766428				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for fil	ing.		
Please return all correspondence concerning t Julie Labib	his matter to the folk	owing:		
	(Name of C	ontact Person)		
CEDAR CREEK BUSINESS AND PROFES	SIONAL CENTER O	CONDOMINIUM	ASSOCIATION, IN	·•
	(Firm/	Company)		
1120 W. 1st St., Ste. B	·			
	(Ad	dress)		
Sanford, FL 32771	·			
	(City/ State	and Zip Code)		
julie@ufo-inc.com				
E-mail address: (to	be used for future a	nnual report notifi	cation)	
For further information concerning this matte	r, please call:			
Julie Labih		407	948-5763	
		at		
(Name of Contac	t Person)	(Area Co	ode) (Daytime Tele	phone Number)
Enclosed is a check for the following amount	made payable to the	Florida Departme	nt of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of		Copy Cal copy is C	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Address Amendment Section		Street Addr Amendment		

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

2021 DEC 16 PM 12: 07

CEDAR CREEK BUSINESS AND PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE

(Name of Corporation as currently filed with the	e Florida Dept	of State)	TALLAHASSEE! F!
766428			
(Docum	nent Number of	Corporation (if know	1)
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	orida Statutes, th	ås <i>Florida Not For Pr</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	(<i>IDDRESS</i>)		
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 registered agent and/or the new register			er the name of the
Name of New Registered Agent:	FARAHJULI		
	1120 W. 18T S	T., STE, B	
V D 1. 100 AU		(Florida	street address)
<u>New Registered Office Address:</u>	SANFORD		32771 , Florida
	((City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			obligations of the position.
_	/ fM	ure of New Registered	Fall 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	DPT	JAMES A. BARKS	1274 Upsala Road SANFORD, FL 32771
2) Change Add	DVS	HARRY G. REID. III	1120 W. 1ST ST., STE, B SANFORD, FL 32771
X Remove 3) Change X Add Remove	<u>1919</u>	FARAH JULIA LABIB	1120 W. 1ST ST., STE. B SANFORD, FL 32771
4) Change Add	DV	BARRY JON HYDE	H20 W, 1ST ST., STE, B SANFORD, FL 32771
Remove 5) Change	DV	JOSEPH HENRY PASSARELLI	1120 W. IST ST., STE. B SANFORD, FL32771
Remove 6) Change Add			
E. If amending or additional sheet	ng additio	onal Articles, enter change(s) here: essary). (Be specific)	

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reservation of the second of t	SEPTEMBER 10, 2021	10 at at at
The date of each amendment(s) adoptio	on:	If other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
		. 1 . 1
Note: If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will no	t be listed as the
document's effective date on the Departm	nent of State's records.	
	(GUNGU AND)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

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 12/9/2021			
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)			
FARAH JULIA LABIB			
(Typed or printed name of person signing)			
PRESIDENT			

(Title of person signing)