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Amend

JUN : 7 LOZO I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:		IATION I	NC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
BEVERLEY NELSON			
	(Name of Contact Person	n)	
FOREST GREEN CONDOMINIUM ASSOCIATIO	ON INC.		
	(Firm/ Company)		
14030 NE 3 COURT #6			
	(Address)		
MIAMI FLORIDA 33161			
	(City/ State and Zip Cod	e)	
forrestgreen183@yahoo.com			
E-mail address: (to be use	d for future annual report	notification	n)
For further information concerning this matter, pleas	e call:		
BEVERLEY NELSON	30		3353029
(Name of Contact Perso		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee scate of Status sed Copy school Copy sed)
Mailing Address Amendment Section		Address	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	Articles of Amendment to Articles of Incorporation of UNC. Orida Dept. of State) Number of Corporation (if known)
A	to Articles of Incorporation
	of
FOREST GREEN CONDOMINIUM ASSOCIATION	INC.
Name of Corporation as currently filed with the Flo	orida Dept. of State)
N00000000824	بى
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:
N/A	The new
name must be distinguishable and contain the word "co 'Company" or "Co," may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address) Florida
,	(Cijv) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position. Signature of New 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	V <u>Mik</u>	n Doc e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name .	<u>Addres</u> s
l) x Change Add	PD	BEVERLEY NELSON	14030 NE 3 CT. SUITE 6 MIAMI FL. 33161
Remove			
2) Change Add	<u>S</u>	BEVERLEY NELSON	14030 NE 3 CT. SUITE 6 MIAMI FL. 33161
Remove 3) × Change Add Remove	<u>S</u>	THELISMA, VIERGENIE D	14030 NE 3 CT. SUITE 6 MIAMI FL. 33161
4) Change Add	<u>T</u>	THELISMA, VIERGENIE D	14030 NE 3 CT. SUITE 6 MIAMI FL. 33161
Remove 5) Change	<u>PD</u>	CARLOS MARTINEZ	14030 NE 3 CT. SUITE 6 MIAMI FL. 33161
6) Change Add	<u>T</u>	ALLEN, JACOB	14030 NE 3 CT. SUITE 6 MIAMI FL. 33161
E. If amending or add (attach additional sh	ling additional a	Articles, enter change(s) here:	
			

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The data of each amendment(c) adoption	5-30-2020	, if other than t
The date of each amendment(s) adoption:date this document was signed.		, if other than t
Effective date if applicable:	5-30-2020	
(no mo	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not n document's effective date on the Department of S	neet the applicable statutory filing requirements, this date will r State's records.	oot be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast 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 5-20-2020		
Signature PD.		
(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)		
Beverley E. NElson.		
(Typed or printed name of person signing)		
PD		
(Title of person signing)		