N00678

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

Office Use Only



300330193053

06/10/19--81017--886 ++23.

ł...

SECNLIANT OF STAIL

ALLIGINA FECHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BOCA RIDGE	GLEN HOMEOWNERS ASS
DOCUMENT NUMBER: 59-249924	5
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fe	ollowing:
brdan Jaco	Contact Person)
Outside Uni	Mited USA
	Beach Boulevard #28
HAIAUDALE (City/Sta	Beach, FL 3300
	OUT UNLIMITED, COM cannual report notification)
For further information concerning this matter, please call:	
Lordan Jacob Som (Name of Contact Person)	at 954 800 9273 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to t	he Florida Department of State:
(Addit	ed Copy Certificate of Status ional copy is Certified Copy
Please See (6+1) 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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
BOCA RIDGE GIEN HOMEOWNERS ASSOCIATION	DNJ. 1.
(Document Number of Corporation (if known)	49 6
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the famendment(s) to its Articles of Incorporation:	toBowing
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." o "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1835 E Hallandal Beac	<u>h</u> B
Hallandale Beach, f	=[
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 18.35 E Hallandade # 2.80	Beac
HALLANDALE Boach FL	330
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
New Registered Office Address:	19 111 15
(City) (Ap Code) :: New Registered Agent's Signature, if changing Registered Agent:	De C
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the passition.	<u></u>
Signature of New Registered Agent, if changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Cr Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offiheld, 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. The 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			10 10 10 10 10 10 10 10 10 10 10 10 10 1
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
	19 SE ALI
	19 JUL 15
	587 5
	1
	9: 4
	<u> </u>
	

The date of each amendment(s) adop	tion:	, if other th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will tment of State's records.	not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes east for the amendment(s)	
There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated <u>07/0/</u>	<u> </u>	
Signature		<u></u>
	or vice chairman of the board, president or other officer-if directors	
	selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
omer court app		
	brday bedoson	
	(Typed or printed name of person signing)	
	1CAM	
	(Title of person signing)	
		33 c