

NO 40000002065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

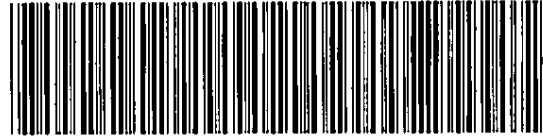
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200419925282

Amend

FILED
2023 DEC 15 AM 9:02
TALLAHASSEE, FLORIDA

A. RAMSEY

DEC 18 2023

RECEIVED
2023 DEC 13 PM 2:33
TALLAHASSEE, FLORIDA

*00789, 04135, 00671

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hollywood Medical Center Condominium Association, Inc.

Please Debit FCA000000003 For: 35

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOLLYWOOD MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N04000002065

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICKY RUWISCH

(Name of Contact Person)

HERSKOWITZ SHAPIRO, PLLC

(Firm/ Company)

9130 S. DADELAND BOULEVARD, SUITE 1609

(Address)

MIAMI, FLORIDA 33156

(City/ State and Zip Code)

NICKY@HSLAWFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICKY RUWISCH

305 423-1407

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2023

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL 32301

SUBJECT: HOLLYWOOD MEDICAL CENTER CONDOMINIUM ASSOCIATION,
INC.

Ref. Number: N04000002065

We have received your document for HOLLYWOOD MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 923A00028513

RECEIVED
2023 DEC 15 PM 3:37
TALLAHASSEE, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

2023 DEC 15 AM 9:02

HOLLYWOOD MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N04000002065

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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." or "Inc." "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)

11155 Northwest 124th Street

Miami, Florida 33178

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11155 Northwest 124th Street

Miami, Florida 33178

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:

Wenrui Ma

11155 Northwest 124th Street

(Florida street address)

New Registered Office Address:

Miami, Florida

(City)

Florida 33178

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Wenrui Ma

Wenrui Ma (Dec 11, 2023 10:21 PM)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>PT</u>	<u>VLADIMIR GRNJA</u>	<u>923 CAPTIVA DRIVE</u> <u>HOLLYWOOD, FL. 33019</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>JENNIFER GRNJA</u>	<u>923 CAPTIVA DRIVE</u> <u>HOLLYWOOD, FL. 33019</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>MARK GRNJA</u>	<u>1024 HARRISON STREET</u> <u>HOLLYWOOD, FL. 33019</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PT</u>	<u>WENRUI MA</u>	<u>11155 NORTHWEST 24TH ST.</u> <u>MIAMI, FL. 33178</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SV</u>	<u>GUOFENG MA</u>	<u>11155 NORTHWEST 24TH ST.</u> <u>MIAMI, FLORIDA 33178</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

~~X~~ 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 _____

Signature Wenrui Ma
Wenrui Ma (Dec 11, 2023 16:21:55)

(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)

WENRUI MA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)