## NO400000 7490

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## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Dad and Capi Conda Asso, Inc
DOCUMENT NUMBER: NO400007490
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Consaler
Prez-Mena + Conzale - LLC (Firm/Company)
6267 Bid Cood
(Address)
Mi ami FL 33/55 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Contact Person) at (305) 476 - 601  (Name of Contact Person) (Area Code) (Daytime Telephorie Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)
- <u>Mailing-Address</u> <u>Street Address</u>
Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of

## DADELAND CAPRI CONDOMINIUM ASSOCIATION, INC.

Name of Corporation as currently filed with the Florida Dept. of Sta	ite)
N04000007490	
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 617,1006. Florida Statutes, this <i>Flori</i> ng and the provisions of the formation of the provision of the p	rida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "it Company" or "Co." may not be used in the name.	ncorporated" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	<u></u>
Principal office address MUST BE A STREET ADDRESS )	رن ا
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
. 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:	
	(Florida street address)
New Registered Office Address:	
	Florida (Zip Code)
(City)	(Zip Code)
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I 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	PT         John I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>&gt;</u>	Sol Gonzalez	7475 SW 82 nd St. Minny FL 33143
Remove  Change Add	P	Julie LaVoie	7475 SW 82nds Miami, FL 33/43
Remove 3) Change Add Remove	VP/T	James Kerr	7475 SW 82 nds.
4) Change Add			
Remove			
5) Change Add	· · ·		
Remove	÷		
6) Change Add	,		
Remove			
E. <u>If a including or ac</u> (attach additional s	lding additional A sheets, if necessary)	rticles; enter change(s) here: . (Be specific)	
	<u> </u>		

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	<b>A</b>	
The state of the second of the second	April 17,2020	, if other than the
The date of each amendment(s) adoption:date this document was signed.		
Effective date if applicable:	April 27, 2020	
(no more	than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

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

Dated
Signature Janes The
(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)
Janes
(Typed or printed name of person signing)
<del></del>
Mercy or
(Title of person signing)

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