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TO: Amendment Section -Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	BELVEDERE ISL	ES MASTER ASSO	OCIATION	INC.
DOCUMENT NUMBER:N	0400007636			
The enclosed Articles of Amendr	nent and fee are sub	mitted for filing.		
Please return all correspondence	concerning this matte	er to the following:		
	;	Sharon Woods		_
		(Name of Contact Per	son)	
		Team CAMS		
		(Firm/ Company)	•	
	2290	10th Ave N, Suit	e 400,	
		(Address)	·	
	La	ake Worth, FL 33	461	
		(City/ State and Zip C	lode)	
		isles@teamcams		
E-mai	l address: (to be used	d for future annual repo	ort notificatio	n)
For further information concerni	ng this matter, please	e call:		
Sha	iron Woods	at _	561	257-4732
(Na	ne of Contact Persor	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	wing amount made p	ayable to the Florida E	Department of	State:
	43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certit Certit (Add	0 Filing Fee Teate of Status Ted Copy Itional Copy is osed)
Mailing Addr Amendment S Division of Co P.O. Box 6327	ection rporations	Am Div	eet Address lendment Sectision of Corp e Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BELVEDERE ISLES MASTER ASSOCIATION INC.

Name of Corporation as currently filed with the Florid	la Dept. of State)				
N04000	0007636				
(Document Nu	mber of Corporation	n (if known)			
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida</i>	Not For Profit Corpora	tion adopts t	he follo	wing
A. If amending name, enter the new name of the corpo	ration:				
					new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorp	oorated" or the abbrevi	ution "Corp.	" or "li	nc. "
B. Enter new principal office address, if applicable:					
(Principal office address MUST BE A STREET ADDRE.	<u>SS</u>)				
					_
		···			
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	8	<u>'</u>
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			デニア ユ こ		П
				_22	
D. If amending the registered agent and/or registered	office address in F	lorida, enter the name	တ_ of the∑ုင္	A	П
new registered agent and/or the new registered offic	ce address:		Truck.	9.	D
Name of New Registered Agent:				ب	
			[7]	:23	,
		(Florida street address)			
New Registered Office Address:					
		F	lorida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registe	red Auent				
New Registered Agent's Signature, it changing Register I hereby accept the appointment as registered agent. I am	n familiar with and	accept the obligations of	of the position	n.	
	Signature of New	Registered Agent, if ch	anging		

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		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	Estela Arman	2290 10th Ave N, Suite 400, Lake Worth, FL 33461
Remove 2) Change Add	<u>_T</u>	Martha Everett	2290 10th Ave N, Suite 400, Lake Worth, FL 33461
Remove 3)	<u> </u>	Dalia Alvarez	2290 10th Ave N. Suite 400. Lake Worth. FL 33461
4) Change Add	<u> </u>	Cygethia Kankam	2290 10th Ave N, Suite 400, Lake Worth. FL 33461
Remove 5) Change Add			
Remove 6) Change Add			
Remove E. If amending or addi (attach additional shee		rticles, enter change(s) here:). (Be specific)	

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ie date of each amendment(s) adoption:				, if other than the
te this document was signed.				
fective date <u>if applicable</u> :				
(no m	ore than 90 days after	amendment file date	e)	
(1117.77)			• ,	
te: If the date inserted in this block does not	meet the applicable st	atutory filing require	ements, this date will a	not be listed as the
ocument's effective date on the Department of	meet me appricable st State's records	acatory minig require	ments, and date will i	not be nated as the
conca a coccure date on the Denatification	CHEST STEENSHIP			

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

(CHECK ONE)

Adoption of Amendment(s)

Signature	Maria Cifueutes
(1	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)
	Maria Cifuentes
	(Typed or printed name of person signing)