ND4000009159

(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:
,





100321073681

11/26/18--01031--011 **43.75

2018 HOV 26 PM 3: 29

Amendico

DEC 0.5 2018

I ALBRITION

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: LAS PALMAS OF SARASOTA CONDO ASSOC INC NO4000009159 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) WHITTAKER & ASSOCIATES CPA'S (Firm/ Company) 304 W VENICE AVE SUITE 300
(Address) VENICE FL 34285

(City/State and Zip Code) DIANNA @ WhITTAKER CAAS. WET
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DIANNA KOLLER at 941 - 303 - 5221

(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: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LAS PALMAS OF SARASOTA	CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
N040000	9159
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	رج ۔
	7
C. Enter new mailing address, if applicable:	1 2
(Mailing address MAY BE A POST OFFICE BOX)	
	= (
	2
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent: Wh	1TTAKER 4 ASSOCIATES CPA'S PA 04 W VENICE AVE SUITE 300
<u></u>	(Florida street address)
New Registered Office Address:	(r toriaa street auaress)
	ENICE Florida 34285
	(City) Florida 34285 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent:
	6 M KARS
Si	ignature 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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	_P_	Thomas LINK	SHOO BENTGRASS SARASOTA FL 34235
Remove 2) Change Add	_ρ	RON LEDERHANN	5400 BENTGRASS SARASOTA FL 34235
Remove 3) Change Add		Louis Campisi	5400 BENTGRASS SARASOTA FL 34235
Remove 4) Change Add		SANDRA REID	SHOO BENTORASS SARASOTA FL 34235
Remove 5) Change Add		RON LEGERMANN	5400 BENTGRASS SARASOTA FL 34235
Remove 6) Change Add		MARGO SHAFFER - M	SARASOTA FL 34235
Remove		D 2 . 6 4	

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 A Add	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	WILLIAM Schneider	5400 BENTGRASS SARASOTA FL 34235
Add			SARASOTA FL 34235
Remove			
2) Change	7	Louis CAMPISI	S400 BENTGRASS SARASOTA FL 34235
$\sqrt{\chi}$ Add			SARASOTA FL 34235
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
	 	
		
		•
····		
<u> </u>		
		
		

The	e this document was signed.	, if other than the
Eff	ective date if applicable: 7-27-18	
	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ada	option of Amendment(s) (CHECK ONE)	
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 11 12 16	
	Signature	
	(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)	
	TERESA GORTI	
	(Typed or printed name of person signing)	
	TREASURER (Title of person signing)	
	(time of berson signify)	