

NO5000006981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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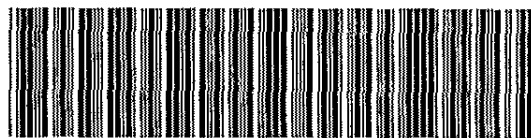
(Business Entity Name)

(Document Number)

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09/04/07--01014--006 **35.00

APPROVAL
AND
FILED

07 SEP -4 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C. Couffletta SEP 07 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE ARTISAN CONDOMINIUM, INC.

DOCUMENT NUMBER: N05000006981

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

Please return all correspondence concerning this matter to the following:

MICHAEL PARKOFF

(Name of Contact Person)

(Firm/ Company)

325 SOUTH DIXIE HIGHWAY, SUITE 1

(Address)

LAKE WORTH, FLORIDA 33460

(City/ State and Zip Code)

For further information concerning this matter, please call:

MICHAEL PARKOFF

(Name of Contact Person)

at (561)

254-2868

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

The Artisan Condominium, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

The developer of the Artisan Condominium, Inc. has complied with all of the
provisions of F.S. 718.104. and has submitted this property for condominium
ownership. That Article 1.3 is hereby amended and the name by which the condominium
is to be identified by is "The Artisan."

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP -4 AM 9:49

APPROVED
AND
FILED

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: July 15, 2007

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

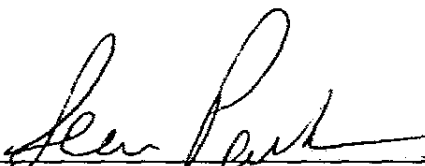
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by

(voting group)"

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature


(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sean Park

(Typed or printed name of person signing)

Secretary

(Title of person signing)

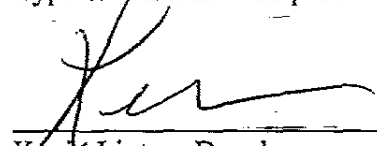
FILING FEE: \$35

STATE OF FLORIDA

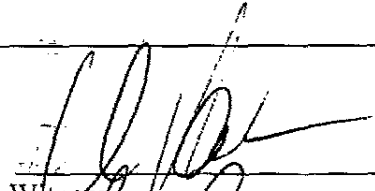
COUNTY OF PALM BEACH

Sworn to and subscribed before me on this 15th day of July, by Kevin Lipton, who is personally known to me or produced identification.

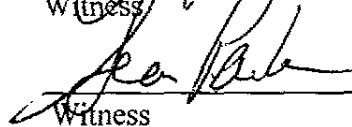
Type of identification produced: _____



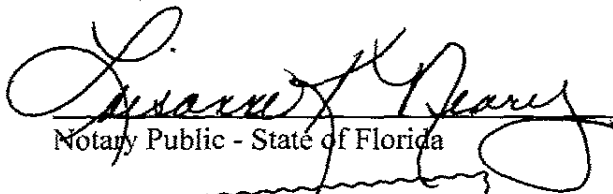
Kevin Lipton, Developer



Witness



Witness



Notary Public - State of Florida

