N05000007098

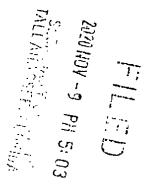
(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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DEC : 2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Visconti Condomini	ium Association Inc		
	N05000007098			
DOCUMENT NUMBER:				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	er to the following:		
Daniel Gomes				
		(Name of Contact	Person)	
Visconti Condominiums A	ssociation Inc.			
		(Firm/ Compa	ny)	
9000 W. Atlantic Blvd				
	 	(Address)		
Coral Springs, Fl. 33071				
		(City/ State and Zi	p Code)	
ViscontiManager@fsreside	ntial.com			
	-mail address: (to be used	d for future annual r	eport notificatio	n)
For further information con	cerning this matter, please	eall:		
Daniel Gomes		į	954 at	7968888
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida	a Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif r is Certit	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing o	Address	<u>S</u>	treet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

Visconti Condominium Association Inc.		
Name of Corporation as currently filed with the Florid:	Dept. of State)	
N05000007098		
(Document Nun	nber of Corporation ((i known)
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida No</i> i	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
NA		The new
name must he distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	vation" or "incorpor	ited" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>NA</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)	NA	you as
		9
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		$\frac{\zeta_7}{\text{da, enter the name of the}} \qquad \frac{\zeta_7}{Q}$
Name of New Registered Agent: NA		
New Registered Office Address:		(Florida street address)
		Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j		ept the obligations of the position.
·	Signature of New Rey	vistered 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>Mi</u>	<u>in Doe</u> k <u>e Jones</u> ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	· <u>Addres</u> s
1) Change Add	<u>P</u>	Robert Selvin	9000 W. Atlantic Blvd Unit Coral Springs, Fl. 33071
Remove 2) × Change Add	SV	Karl Desrosiers	9 0 00 W. Atlantic Blvd. Coral Springs, Fl. 33071
Remove 3) Remove	b	Doron Tal	que W. Atlantic Bjud. _Coral Springs Fl. 33071
4) Change Add	<u>S</u>	Upendra Mody	9000 W. Atlantic Blvd. Coral Springsofl. 33071
 X Remove 5) Change Add 	<u>T</u>	Larry Friedman	9000 W. Atlantic Blvd. Coral Springs, Fl. 33071
Remove 6) Change Add			
E. If amending or ad (attach additional si		Articles, enter change(s) here: y). (Be specific)	
	 _		

		
		
		
	<u> </u>	
The date of each amendment(s) adoption: date this document was signed.	÷	, if other than the
Effective date if applicables		
()	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not but of State's records.	oe listed as the
Adoption of Amendment(s) ((<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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 10/23/2020
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)
(Typed or printed name of person signing)
Secretary Vice President (Title of person signing)