

NCS 0000 1155'2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

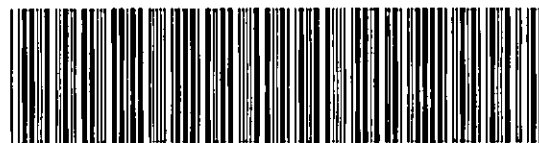
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NIC & Amend

10/22/21--01013--023 **52.50

W21 -143122

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CLERK OF SUPERIOR COURT

2021 NOV 12 AM 10:18

FILED

A. RAMSEY
NOV 15 2021

00519

* 00789, 01092, 00778, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GREATER SOUTH COUNTY ROAD ASSOCIATION

DOCUMENT NUMBER: 521A00018896

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

Please return all correspondence concerning this matter to the following:

TIMOTHY M. FRANK, SECRETARY

(Name of Contact Person)

GREATER SOUTH COUNTY ROAD ASSOCIATION

(Firm/ Company)

230 PERSHING WAY

(Address)

WEST PALM BEACH, FL 33401

(City, State and Zip Code)

PROTECHNIKTIM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY M. FRANK

(Name of Contact Person)

at

(561) 389-3869

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2021 NOV 12 PM 8:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2021

TIMOTHY M. FRANK
GREATER SOUTH COUNTY ROAD ASSOCIATION
230 PERSHING WAY
WEST PALM BEACH, FL 33401 US

SUBJECT: THE GREATER SOUTH COUNTY ROAD ASSOCIATION OF PALM
BEACH, INC.
Ref. Number: N05000011552

We have received your document for THE GREATER SOUTH COUNTY ROAD ASSOCIATION OF PALM BEACH, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2021 annual report. The entity must be reinstated before this document can be filed.

new
The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 621A00026672

Articles of Amendment
to
Articles of Incorporation
of

FILED

THE GREATER SOUTH COUNTY ROAD ASSOCIATION OF PALM BEACH, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO5000011552

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

PALM BEACH MIDTOWN BUSINESS ASSOCIATION, INC. H

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

165 BRAZILIAN AVENUE

PALM BEACH, FL 33480

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. 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:

TIMOTHY M. FRANK, SECRETARY

230 PERSHING WAY

(Florida street address)

New Registered Office Address:

WEST PALM BEACH

(City)

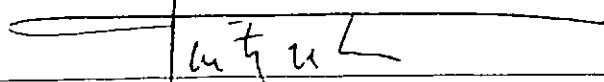
Florida

33401

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>RICHARD A LYNN MD</u>	<u>165 BRAZILIAN AVE.</u> <u>PALM BEACH, FL 33480</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>TIMOTHY M. FRANK</u>	<u>230 PERSHING WAY</u> <u>WEST PALM BEACH, FL 33401</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

NAME CHANGE ONLY

- ☒ 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

10.19.2021

X

Signature

Richard A. Lynn MD

(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)

RICHARD A. LYNN, MD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)