

N05 0000 12512

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Amend

07/22/21--01014--029 **43, 75

FILED

2021 JUL 22 AM 11:05

SECRETARY OF STATE
-11-21155111-11-0111

AUG 10 2021

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 720 N STREET CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N05000012512

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

Please return all correspondence concerning this matter to the following:

CARLOS ALVARADO

(Name of Contact Person)

720 N STREET, LLC.

(Firm/ Company)

42 N LAKESHORE DR.

(Address)

HYPOLUXO, FLORIDA 33462

(City/ State and Zip Code)

parrot720n@yahoo.com

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

For further information concerning this matter, please call:

Carlos Alvarado

954

295-4762

at

(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 &
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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment
to
Articles of Incorporation
of

FILED

720 N STREET CONDOMINIUM ASSOCIATION, INC.

2021 JUL 22 AM 11:05

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000012512

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

_____ The new
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)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" 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 type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
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)

Section 12 of the Declaration shall be amended to add Subsection 3.1 as follows: 12.3. ADDITIONAL PROVISIONS.

1. Ownership and Operation. In the event that all condominium units are owned by the same individual or entity (hereinafter "Entity Owner"), such Entity Owner shall have all rights vested in the Entity in the same manner as the Association, including but not limited to the following: 1) with respect to insurance, as such policy or policies may reasonably be available from time to time, the Entity Owner will obtain such policy or policies that will include not only the required coverages as

prescribed pursuant to Florida law and also include coverage for all units individually, and such policies will be the only available coverage for the Association and units, including liability, property damage and casualty coverage, as they may be available; 2) the Entity Owner will contract on behalf of the Association in their name or the Association's name for all operations; and 3) the Entity Owner will undertake all powers and duties as outlined in the Declaration, Articles of Incorporation and By-Laws, as well as Florida law governing the property on behalf of the property in the same manner as a single owner. Such Entity Owner shall indemnify and hold harmless the Association for all matters that may arise as if the Entity Owner were the same organization as the Association, and the Entity Owner shall be the sole source of liability for all issue for which the Association may be a potentially responsible party.

The date of each amendment(s) adoption: July 19, 2021, if other than the date this document was signed.

Effective date if applicable: July 20, 2021
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 7-19-2021

Signature Carlos Alvarado

(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)

Carlos Alvarado

(Typed or printed name of person signing)

President of 720 N Street Condominium Association

(Title of person signing)

State of Florida Acknowledgement Notary Certificate

STATE OF FLORIDA

COUNTY OF Palm Beach

On July 19, 2021, before me, Jim Duross, a notary public, personally appeared by physical presence, Carlos Alvarado, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the attached Articles of Amendment for 720 N Street Condominium Association [name of document] instrument and acknowledged to me that that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s) or entity upon behalf of which the person(s) acted executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State listed above that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Personally known OR

Produced identification ✓ Type of identification produced: FLDL

[Signature]
(Signature of notary public)

My commission expires: Apr 5, 2023

