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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CONCIE	RGE ASSO	OCIATION OF	THE PAL M
DOCUMENT NUMBER:	0002143		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
JEAN SISSON	(Name of Contact Perso	n)	2023
			SEP
	(Firm/ Company)		第二 1
5151 PINE DI	९.		M 10: 29
	(Address)		2.29
BOYNTON BE.	ACH, FL	. 38437	
,	(City/ State and Zip Cod	le)	
RSVPCAPRE E-mail address: (to be used	GmAi'L	notification)	
For further information concerning this matter, please	call:	,	
JETHU SISSON (Name of Contact Person)	at	(561) 860-	5618
(Name of Contact Person) (A	rea Code) (Daytime Teleph	one Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	partment of State:	
☐ \$35 Filing Fee X\$43.75 Filing Fee & Certificate of Status	Ci\$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	Ameno Divisio	Address dment Section on of Corporations centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of
CONCIERGE ASSOCIATION OF THE PALM BEACHES (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
<u>N06000002143</u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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) (Principal office address MUST BE A STREET ADDRESS)
BOYNTON BEACH, FL 33437

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) P. O. Box 14251
NORTH PALM BEACH, FL. 33408
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: Jean Sisson
5151 PINE DR.
New Registered Office Address:
BOYNTON BEACH, Florida 33437 (City) (Zip Code)
(City) (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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X_Change Add	VP Operation	ns Linda Bermar	1 N. Golfview Roal #105 Lake Worth Brack, FL 3346
2) _X_ Change Add	TREASUR	RER BRENDAW	
Remove 3) Change Add Remove			P. O. BOX 14251 NORTH PALM BEACH, FL
4) X Change Add	V <u>P D</u> EVEL	DPMENT ShEILA	PO BOX 14251
Remove 5) X Change Add	SECRETA	ARY LAURIE HU	
Remove 6) Change Add			P.O. BOX 140-51 NORTH PALM BEACH, FL 33408
Remove			
(attach additional	sheets, if necessary).	icles, enter change(s) here: (Be specific)	
<i>N/1</i>	7		
	-		

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The date of each amendment(s) adoptio date this document was signed.	n:			, if other than the
Effective date if applicable:				
	(no more than 90 days afte	er amendment file date)		
Note: If the date inserted in this block document's effective date on the Department.	es not meet the applicable			e listed as the
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

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)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

(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)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.