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C.COULLIETTE

JUL 2 0 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	REPORATION: THE COLONNA	DE RESIDENCES CO	NDOMINIUM AS	
DOCUMENT	NUMBER: N06000002261			
The enclosed A	rticles of Amendment and fee are submi	tted for filing.		
Please return al	correspondence concerning this matter	to the following:		
٠.	Rami Rosen			
	(Name of Co	ontact Person)		
	El-Ad National	Properties LLC		
1 ₀₈	(Firm/ C	Company)		
1301 International Parkway Suite 200				
. ·	(Add	dress)		
	Sunrise,	FL 33323		
•	(City/ State a	and Zip Code)		
-		dnational.com or future annual report notificat	ion)	
For forther info	`	•	iony	
For further into	mation concerning this matter, please ca	111;		
Rami Rosen		at (954) 846-7800		
. (1	Name of Contact Person)	(Area Code & Daytime	e Telephone Number)	
Enclosed is a ch	eck for the following amount made paya	able to the Florida Department of	of State:	
\$35 Filing Fe	e	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
s.,	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 Of Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

THE COLONNADE RESIDENCES CONDOMINIUM ASSOCIATION, INC.

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

N06000002261

(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:

he new name must be distinguishable and o bbreviation "Corp." or "Inc." <u>"Company"</u>			corporated" or the
-		. wacu in inc nume.	
. Enter new principal office address, if ap Principal office address MUST BE A STRE			
The court office dualess most be A SIKE	<u>LI ADDRESS</u>)		
			11 JUL 19 AH 10: 05
	_		₽
. Enter new mailing address, if applicable	<u>e:</u>		19
(Mailing address MAY BE A POST OFF.			
			 5
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If amending the registered agent and/or	registered office ad	ldress in Floride e	nter the name of the
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. If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
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new registered agent and/or the new reg Name of New Registered Agent:	istered office addre	<u> </u>	nter the name of the , Florida
new registered agent and/or the new reg Name of New Registered Agent:	istered office addre	street address)	_

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) **Type of Action** <u>Title</u> Name <u>Address</u> PD Rami Rosen 1301 INTERNATIONAL PKWY; Add STE 200 ☐ Remove SUNRISE FL 33323 Yoseph Manor D 1301 INTERNATIONAL PKWY: 1 Add ☐ Remove STE 200 SUNRISE FL 33323 PD Joseph Manor 1301 INTERNATIONAL PKWY ☐ Add ☑ Remove STE 200 SUNRISE FL 33323 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

.

The date of each amendme	2016) adoption: 7/14/2011
The date of each amendme	(date of adoption is required)
Effective date <u>if applicable</u>	`
· •	(no more than 90 days after amendment file date)
Adoption of Amendment(s	(CHECK ONE)
<u>.</u>	,
☑ The amendment(s) was/v	were adopted by the members and the number of votes cast for the amendment(s)
was/were sufficient for a	
	r members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of	directors.
	2/14/2/4/
Dated	71491
, i	
Clanatura	
Signature (By the chairman or vice chairman of the board, president or other officer-if director
	ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	ther court appointed fiduciary by that fiduciary)
• •	Rami Rosen
	(Typed or printed name of person signing)
	VSD
	(Title of person signing)

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