NOWOODOZION

| (Re | questor's Name) | |
|-------------------------|---------------------|---------------|
| (ive | quotor o mamo) | |
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| (Ci | ty/State/Zip/Phone | #/ |
| (OII | tyrotaterzip/Filone | ") |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nam | ne) |
| (5. | - ANI - A | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | İ |
| | | |
| | | |
| | | |
| | - | |
| • | Office Use Onl | у |



400263707484

09/09/14--01015--011 **43.75

THE PARTY OF THE P

Amend Tag. 16.14

COVER LETTER

| Division of Corporations | |
|--|--|
| NAME OF CORPORATION: | IDOMINIUM ASSOCIATION, INC |
| DOCUMENT NUMBER: N0600002637 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Priscilla Cruz-Nichipor | |
| (Name of Contact Person |) |
| Altman Managment Company | |
| (Firm/ Company) | |
| 1515 N Federal Highway Suite 300 | |
| (Address) | |
| Boca Raton FL 33432 | |
| (City/ State and Zip Code | :) |
| mjarosz@altmancos.com | |
| E-mail address: (to be used for future annual report i | iotification) |
| For further information concerning this matter, please call: | |
| Priscilla Cruz-Nichipor 31, 561 | 237-1361 |
| | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Depa | rtment of State: |
| □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2560 SOUTH OCEAN BOULEVARD CONDOMINIUM ASSOCIATION, INC.

| (Name of Corporation as currently filed | with the Florid | a Dept. of State) | | | |
|---|---------------------------------------|--------------------------|---------------------|--------------------|---|
| (Document N | Number of Corpo | oration (if known) | | | |
| Pursuant to the provisions of section 617,1006, Finendment(s) to its Articles of Incorporation: | lorida Statutes, t | his <i>Florida Not F</i> | or Profit Corpora | tion adopts the fo | llowing |
| . If amending name, enter the new name of t | he corporation: | <u>:</u> | | | |
| | | | | 7 | he new |
| name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na | ord "corporation <mark>me</mark> . | i" or "incorporate | d" or the abbrevi | ation "Corp." or | "Inc." |
| B. Enter new principal office address, if appli Principal office address MUST BE A STREET | | | | | |
| | , | | | | |
| | | | | ····· | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>E BOX</u>) | | <u></u> | - | |
| | _ | <u> </u> | | | 11.5 15.5 |
| | - | | | | 子の |
| D. If amending the registered agent and/or remew registered agent and/or the new regist | | | , enter the name | of the | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| Name of New Registered Agent: | | | | | PH |
| New Registered Office Address: | (Flo | orida street address) | | | 14 SER -9 PH 1: 87 |
| | | | Florida | | |
| | (City) | | | (Zip Code) | |
| New Registered Agent's Signature, if changing thereby accept the appointment as registered ag | | | i the obligations o | f the position. | |
| | entures of Van Par | | | | |

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 | V Mik | n Doe e Jones y Smith | |
|----------------------------------|--------------|-----------------------------|--------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>P</u> | Alison Colbert | 95 N County Rd |
| Add | | | Palm Beach FL 33480 |
| XX Remove | | | |
| 2) Change | Р | Adrianne Silver | 95 N County Rd |
| XX Add | | | Palm Beach FL 33480 |
| Remove | | | |
| 3) Change | <u>S</u> | Mark Tomass | 10222 Heronwood Ln |
| XX Add | | | West Palm Beach FL 33412 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | · | |
| Remove | | | |

| [amending or adding additional Art Hach additional sheets, if necessary). | (Be specific) |
|---|---------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| . . | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| the date of each amendments date this document was signed. | s) adoption: | . If other than the |
|--|---|---------------------|
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/we was/were sufficient for app | re adopted by the members and the number of votes cast for the amendment(s) proval. | |
| ■ There are no members or radopted by the board of di | nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors. | |
| Dated <u>8/29</u> | 0/2014 | / |
| Signature | Me allet Preside | 1 |
| have ne | chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary) | , |
| Alison (| Colbert | |
| | (Typed or printed name, of person signing) | |
| Preside | nt | |
| | (Title of person signing) | |