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Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : CORPORATE CREATIONS INTERNATIONAL ING. Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN POMPANO CITI CENTRE CONDOMINIUM I ASSOCIATION, INC.

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Electronic Filing Menu

Corporate Filing Menu

Articles of Amendment to Articles of Incorporation of

Name of Cornoration as c	urrently filed with the Florida	Dept. of State)
106000004144		
(Document	Number of Corporation (if know	m)
insuant to the provisions of section 617,1006, Florida 5 nendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pi	rofit Corporation adopts the following
. If amending name, enter the new name of the cor	noration;	
		The nex
ome must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	rporation" or "incorporated" o	r the abbreviation "Corp." or "Inc."
Enter new principal office address. if applicable; Principal office address <u>MUST BE A STREET ADDR</u>	RESS()	
Enter new mailing address, if applicable:		i. <u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
		(17)
		<u> </u>
. If amending the registered agent and/or registered new registered agent and/or the new registered o	d office address in Florida, en fice address:	ter the name of the
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	(Class)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing Regis	(City) tered Agent:	(Zip Colle)
hereby accept the appointment as registered agent. I	am familiar with and occept the	obligations of the position.

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 <math>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	Y Mi	on <u>Doe</u> ike Joues Ily Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Gregory Moross	302 Datura Street, Suite 100
Add			West Palm Beach, FL 33401
X Remove			West Palm Beach, FL 33401
2) Change	D	Vincent J. Costello	302 Datura Street, Suite 100
Add			West Palm Beach, FL 33401
X Remove			***KEEP TREASURER***
3) Change	D	Jill Watson	302 Datura Street, Suite 100
Add			West Palm Beach, FL 33401
X Remove			
4) Change	VP	Jill Watson	302 Datura Street, Suite 100
X Add			West Palm Beach, FL 33401
Remove			
5) Change	P	Jordan Fried	302 Datura Street, Suite 100
X Add			West Palm Beach, FL 33401
Remove			
6) Change	VP	Jesika Berluche	302 Datura Street, Suite 100
X Add			West Palm Beach, FL 33401
Remove			

CT 17 AM 8: 15

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
Please keep Carlos Fernandez as is (Secretary)		
Please keep Daniel DeFazio as is (Vice President and Chief Accounting Officer)	_	
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	date of each amer this document was	signed.	, if other than the
	ective date <u>if appli</u>		
		ed in this block does not meet the applicable statutory filing requirements, this date will no ste on the Department of State's records.	t be listed as the
Ada	option of Amendm	ent(s) (CHECK ONE)	
<u></u>	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	10/13/2022	
	Signature	Esir Surus	_
		(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)	
		Erin Saville	
		(Typed or printed name of person signing)	
		Attorney-In-Fact	202
		(Title of person signing)	2022 OCT 17
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			AM SHE