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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	TTO PARK COND	———	ASSOCIATION, INC	
DOCUMENT NUMBER	N06000011447 :				
The enclosed <i>Articles of A</i>	mendment and fee are sub	omitted for filing.			
Please return all correspon	dence concerning this mate	ter to the following:			
Property Manager- Alexan	ıdra Gonzalez				
		(Name of Contact	Person)		
200 E Palmetto Park Cond	ominium Association, Inc				
		(Firm/ Compa	ny)	<u> </u>	
200 E Palmetto Park Road					
		(Address)			
Boca Raton FL 33432		,,			
		(City/ State and Zi	p Code)		
propertymgr@200 Eastco	ndos.com				
	E-mail address: (to be use	d for future annual r	eport notific	ation)	
For further information cor	ncerning this matter, please	e call:			
Property Manager		\$	561 at	368.9045	
	(Name of Contact Persor		(Area Coo	le) (Daytime Teleph	ione Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	a Departmen	t of State:	
■ \$ 35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cı r is Cı در)	2.50 Filing Fee ertificate of Status ertified Copy additional Copy is nclosed)	
i	ent Section	Ą	treet Addre	Section	
Division P.O. Box	of Corporations 6327		Division of C The Centre o	orporations of Tallahassee	
I	see, FL 32314	2		nroe Street, Suite 81	0

Articles of Amendment to Articles of Incorporation of

200 EAST PALMETTO PARK CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
N06000011447			
	(Document	Number of Corporation (f known)
Pursuant to the provisions amendment(s) to its Article		Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, en	ter the new name of the co	rporation:	
name must be distinguishal "Company" or "Co." may		orporation" or "incorpor	The new uted" or the abbreviation "Corp." or "Inc."
B. Enter new principal o	ffice address, if applicable:	:	
	IUST BE A STREET ADD		
			
			·
C. Enter new mailing ad (Mailing address MA)	dress, if applicable: BE A POST OFFICE BO	<u>Y</u>)	
		 	
D. If amending the regist	ered agent and/or register	ed office address in Flor	da, enter the name of the
	ind/or the new registered o		
Name of	New Registered Agent:		
New Re	gistered Office Address:		(Florida street address)
			Florida
		(City)	, Florida (Zip Code)
	Signature, if changing Regi		
I hereby accept the appoint	ment as registered agent.	am familiar with and acc	ept the obligations of the position.
		Signature of New Reg	gistered Agent, if changing

P = President; V = Vice P	ector title by the fi resident; T= Trea: Chief Financial (rst letter of the office title: surer; S= Secretary; D= Director; TR= Trust Officer. If an officer/director holds more than be PTD.	
	es the corporation	anner, Currently John Doe is listed as the PS n, Sally Smith is named the V and S. These sho SV as an Add.	
Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Presiden	Lon Gorman	200 E Palmetto Park Road # 614 Boca Raton, FL 33432
2) Change Add	Vice Pre	Scott Glincher	200 East Palmetto Park Road Boca Raton FL 33432
Remove 3) × Change Add Remove	Presiden	Ruth Goldberg	200 East Palmetto Park Road Boca Raton FL 33432
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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:

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The date of each an date this document v	endment(s) adoptions signed.	on: 2/28/2020			, if other than the
Effective date <u>if ap</u> j	licable:				
		(no more than 90 da	ys after amendmen.	file date)	
Note: If the date ins document's effective	rted in this block do date on the Departn	pes not meet the appli- ment of State's records	cable statutory filin	g requirements, this date	will not be listed as the
Adoption of Amend	ment(s)	(CHECK ONE)			
The amendmen was/were suffice	(s) was/were adopte ent for approval.	d by the members and	the number of vote	es cast for the amendmen	nt(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
adopted by the board of directors.
7
2/28/2020 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)
Puth of Colohope
FOITH 1. COICHDER. 9
(Typed or printed name of person signing)
tresident
(Title of person signing)