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COVER LETTER

TO: Amendment Section Division of Corporations

Cobblestone at Per	mbroke Condominium Association, Inc.	
N07000005177		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Maria T. Hernandez, LCAM		
	(Name of Contact Person)	
Cobblestone at Pembroke Condominium Associatio	on, Inc.	
	(Firm/ Company)	
14701 SW 10th Street		
	(Address)	
Pembroke Pines, FL 33027		
	(City/ State and Zip Code)	
mhernandez@miamimanagement.com		
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, pleas	ee call:	
Maria T. Hernandez	954 450-5714	
(Name of Contact Perso		mber)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	
■ \$35 Filing Fee	Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section	Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cobblestone at Pembroke Condominium Association, Inc.		9:11
(Name of Corporation as curren	tly filed with the Flo	rida Dept. of State)
N07000005177		
(Document Numb	er of Corporation (if k	mown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporate	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	<u> </u>	
D. If amending the registered agent and/or registered offic		enter the name of the
new registered agent and/or the new registered office a	<u>aaress:</u>	
Name of New Registered Agent:		
		lorida street address)
New Registered Office Address:	,,	or that sheet made con
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		the obligations of the position.
Si	gnature of New Regis	tered 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	<u>Y</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Blas Diaz	14701 SW 10th Street
Add			Pembroke Pines, FL 33027
x Remove			
2) Change			14701 SW 10th Street
Add			Pembroke Pines, FL 33027
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Charte			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	

July 7, 2020	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
July 7. 2020	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be 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 September 15, 2020	
(c) pod or printed hame or period organies)	
President	
(Title of person signing)	