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SECHETARY OF STATE
FALL SHASSFEL FLORIDA

JAN 1 : 2007

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OLLYWOOD "A" CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
SCOTT A FRANK, ESQ.	
	(Name of Contact Person)
LAW OFFICES OF SCOTT A FRANK, PA	
	(Firm/ Company)
3201 W. COMMERCIAL BLVD, SUITE 218	
	(Address)
FORT LAUDERDALE, FL 33309	
	(City/ State and Zip Code)
SFRANK@SAFLAW.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
SCOTT A FRANK, ESQ.	561 826.5400 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Certificate of \$\frac{5}{2}\$	Fee & Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street 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 Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LEINA AT HOLLYWOOD "A" CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation a	s currently filed with the Florida Dept. of State)	
07000006101		
(Docume	nt Number of Corporation (if known)	
rsuant to the provisions of section 617.1006, Flori cendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the	followin
If amending name, enter the new name of the	corporation:	
		The nev
me must be distinguishable and contain the word Company" or "Co," may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp." o	or "Inc."
	3600 VAN BUREN STREET	
. <u>Enter new principal office address, if applicated in the principal office address MUST BE A STREET AL</u>	DDRESS HOLLYWOOD, FL 33021	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	3600 VAN BUREN STREET	
(Maining data ess MAT DE RESOLT OF TROOP.	HOLLYWOOD, FL 33021	<u></u>
		20
		JAN
. If amending the registered agent and/or regis	tered office address in Florida, enter the name of the	
new registered agent and/or the new register	MILBERG KLEIN, P.L.	~
Name of New Registered Agent:		_
	5550 GLADES RD, SUITE 500	do ,
New Registered Office Address:	(Florida street address)	7
	BOCA RATON . Florida 33431	
	(City) (Zip Code)	
lew Registered Agent's Signature, if changing hereby accept the appointment as registered agen	Registered Agent: 1. Lamfamiliar with and accept the obligations of the position.	
_	1 (2 2) My Miles, Klin,	<u>) (</u>
	Signature of New Registered 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>V</u> <u>Mil</u>	n Doe te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	GLIKIN, JAMES	19564 FIRST STREET STE 273
Add			HIGHLAND PARKE (£600
X Remove			
2) Change	DV	MEYER, LINDA	ダラ ひ 19564 FIRST STREPT STE 373
Add			HIGHLAND PARK, IL 6003
Y			<u> </u>
Remove 3) Change	DP	KARADI, ADI	6555 POWERLINE RD. STE 202
X Add	<u>-</u>		FORT LAUDERDALE, FL 33309
Remove			
4) Change	DT	DONOVAN, THIN	6555 POWERLINE RD, STE 202
X Add			FORT LAUDERDALE, FL 33309
Remove			
5) Change	<u>D</u>	LOZANO, NEICHAMA COLON	6555 POWERLINE RD, STE 202
X Add			FORT LAUDERDALE, FL 33309
Remove			
6) Change			
Add			
Remove			

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	JAN AHA
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	e this document was signed.	·, I	it other	r than ti
Eff	fective date if applicable:			
	(no more than 90 days after amendment file date)			
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date verment's effective date on the Department of State's records.	vill not be l	isted a	s the
Ado	option of Amendment(s) (CHECK ONE)			
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	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.			
	Dated 10/30/19			
	Signature	SEC	20	
	(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)	THE LANGE	JAN 13	FIL
	ADI KARADI			ED
	(Typed or printed name of person signing)	1025	9:	
	PRESIDENT	(D)	7	
	(Title of person signing)			