NO 700000 9810

Office Use Only



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COVER LETTER

TO: Amendment Section : Division of Corporations

NAME OF CORPORATIO	N: C om	pson Place	Cond	ominium	Associ
DOCUMENT NUMBER: _	NO-	700000 98	10		
— The enclosed Articles of Ame	ndment and fee are sub	mitted for filing.			
Please return all corresponden	ice concerning this matt	ter to the following:			
	Mich	ele Berge	(Y		
	Stiles 1	Property N (Firm/Company)	lanag	ement	
	1500 E	lateway Blu (Address)	d.#1	80	
	Box	Inton Bea (City/ State and Zip Coo	ch, i	FL 3342	b
Е	mail address: (to be use	hele.berg	ev © S	stiles.com	
For further information conce	rning this matter, please	e call:			
()	Name of Contact Person	er at (A	rea Code)	(Daytime Telephone	Number)
Enclosed is a check for the fo	llowing amount made p	ayable to the Florida Dep	partment of	State:	
\$35 Filing Fee 4	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status led Copy tional Copy is used)	
Mailing Address		Street	t Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida D	um ASSOCIATION	1,1nc.
N 070000 9 8		
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpor</i>	ation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/I	Α	The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.		viation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
		7070 SEF
		ω
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ħ:
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office as		e of the
	N/A	
Name of New Registered Agent:	NIN	
New Registered Office Address:	tFlorida street addres.	S)
	,	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		of the position.
· · · · · · · · · · · · · · · · · · ·	NA	
Sig	gnature of New Registered Agent, if co	hanging

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>Mik</u>	<u>1 Doe</u> <u>e Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>v</u> P	Neil Fishman	
Remove 2)	<u>VP</u>	Carol Murphy	
Remove Change Add Remove		Andrew Cohen	c/o Stiles Property Management 1500 Gateway Blud, #180 Boynton Beach, FL 33426
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove	dding additional .	Articles, enter change(s) here:	
(attach additional :	sheets, if necessary	v). (Be specific)	
			

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The data of each amendment(s) adentic	on:	if other than the
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	ii omei man me
date and deciment was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be tent of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the number of votes cast for the amendment(s)	

Dated 8/19/2020
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)
Donald K. Porges
(Typed or printed name of person signing)
President
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.