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TO: Amendment Section Division of Corporations

Division of Corporations				
NAME OF CORPORATION: _	Monterey South Cond	lominuim Associat	on, Inc.	
N0800 DOCUMENT NUMBER:	00001459			
The enclosed Articles of Amendm				
Please return all correspondence co	oncerning this matter	to the following:		·
Elise Gross				
	(Name of Contact F	erson)	
The Presser Law Firm, P.A.				
		(Firm/ Compan	y)	
6199 N. Federal Highway				
		(Address)		
Boca Raton, FL 33487				
	(City/ State and Zip	Code)	
EG@AssetProtectionAttorneys.co	om			
E-mail	address: (to be used	for future annual re	port notification	1)
For further information concerning	this matter, please c	all:		
Elise Gross		a	561 L	953-1050
(Name	e of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the followi	ng amount made pay	able to the Florida	Department of	State:
	13.75 Filing Fee & E ertificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Addres Amendment Sectorial Division of Corp	tion	\overline{A}	reet Address mendment Sect ivision of Corpo	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Monterey South Condominuim Association, Inc.					
(Name of Corporation	ı as current	ly filed with the F	lorida Dept. of S	itate)	
N08000001459		or of Company in a	Clamanum)		
`		er of Corporation (i	•		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not</i> .	For Profit Corpo	<i>ration</i> adopts the	following
A. If amending name, enter the new name of the	<u>e corporati</u>	on:			
name must be distinguishable and contain the word	d " couponat	iou" or "incornava	tod" or the abbu	miation "Coun"	_The new
"Company" or "Co." may not be used in the nam		ion or incorpora	tea or the abore	ечинон Согр.	or mc.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		6199 N. Federal F	lighway		
		Boca Raton, FL 33	3487		
C. Enter new mailing address, if applicable:		6199 N. Federal H	li ahway		
(Mailing address MAY BE A POST OFFICE BOX)		Boca Raton, FL 33487			
D. If amending the registered agent and/or regi	stered offic	e address in Floria	la, enter the nan	ne of the	
new registered agent and/or the new register	red office a	ddress:			
Name of New Registered Agent:		er Law Firm, P.A.			
	6199 N. F	ederal Highway			
New Registered Office Address			(Florida street addre	ess)	
HEW REGISTERED Office Address.	Boca Rate	on		33487	
		(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if changing	Registered	Agent			
I hereby accept the appointment as registered agen			ept the obligation	s of the position.	
	1		M h	Ner	
•	Si	gnature of New Reg	istered Agent, if	changing 🖺	
			,	LAHAR CREAC	
	1	Page 1 of 4		-2 P	

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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	D	Hillel L. Presser	6199 N. Federal Highway
X Add			Boca Raton, FL 33487
Remove			
2) Change	D	Amir R. Wasiullah	5007 S. Howell Ave.
X Add			Suite 115
Remove			Milwaukee, WI 53207
		•	
3) Change			
Add			
Remove		,	
4) Change			
-		······································	
Add Remove			
5) Change			
Add			
Remove			
() CI			
6) Change			
Add			
Remove			

<mark>f amending or adding ac</mark> attach additional sheets, ij	f necessary). (B	e specific)				
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The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat locument's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wa adopted by the board of directors.	ere
Dated 2-24-17	
Signature	-
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
Hillel L. Presser	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	