## N11455

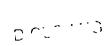
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## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: CONGRES POLL OWNERS ASSOCI	ul.
7 1	
DOCUMENT NUMBER: 143	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gail M BURREIL	
(Name of Contact Person)	
IMT PRUDIATIONS TIC	
(Firm/ Company)	
PO Box 970354	
(Address)  OCONA (AFI) FL 330 97  (City/ State and Zip Code)	
(City/ State and Zip Code)	
Int by/(06=150 A). NET	
E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	-
AN M BURRELL at 954-950-5000	-
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	)
Enclosed is a check for the following amount made payable to the Florida Department of State:	•
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certificate of Status    \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section  Division of Corporations Division of Corporations	
Division of Corporations  Division of Corporations  Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

	to Articles of Incorporation
Congress Part C	Wher's Association IAC.
	as currently filed with the Florida Dept. of State)
x./	1/455
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	PO Box 970357 COCONA (298 K, FL 3309)
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the
Name of New Registered Agent:	VAI M SURRE!
New Registered Office Address:	SUZU WI/ES KOAO  (Florida street address)  (ONN SPRINGS, Florida 33067  (City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

Page 1 of 4

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 S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	Presidet	Marvis Feinstein	120 South University Dr.
Add Remove			PLANTATION FUA 33324
2) Change	Directol	Barry Frinstew	120 South UNIVERSITY Dr.
Add	) in ()	Mackwilk	PINNIATION FLASSZY 120 South University DI.
3) Change	U IAOP.		Plantation Flor 33324
Remove  4) Change Add	PASSIDENT	Pal M BURREll	GORO WILES GUAD CORN SPRINGE, FL 33067
Remove  5) Change Add	DiRECTOR	SUSAN BURAEll	BOZU WILES BUAD (SAA) SPRINGS, FC 33067
Remove  6) Change  Add	MRECLE	Jusiph MAAS	8020 WILES ROAD CONST SANSI FL 33067
Remove		Page 2 of 4	

If amending or adding additional Ar (attach additional sheets, if necessary).	(Re specific)			
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The date of each amendment(s) adoption	11:9/36/, 2019	, if other than the
date this document was signed.	9/26/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this datent of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment	ent(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/w	'ere
Dated	1 Ball	
(By the chairman o have not been sele	vice chairman of the board, president or other officer-if directed, by an incorporator – if in the hands of a receiver, trustee ated fiduciary by that fiduciary)	ctors ;, or
	VAN 11 BURRE!	
	(Typed or printed name of person signing)	
•	Passident	

(Title of person signing)