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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OUSES OF SUNRISE CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: N1400000139	5
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
LINDA ROTH, ESQ.	
	(Name of Contact Person)
LINDA ROTH, P.A.	
	(Firm/ Company)
2333 Brickell Avenue, Suite A-1	
18 t	(Address)
Miami, Fl 33129	
	(City/ State and Zip Code)
E-mail address:	to be used for future annual report notification)
For further information concerning this mat	ter, please call:
LINDA ROTH, ESQ.	305- 774-7070
(Name of Conta	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filin Certificate o	g Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to -Articles of Incorporation of

TOWNHOUSES OF SUNRISE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with th N14000001395	ie Florida	Dept. of State)	
	ment Numl	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:		•	·
A. If amending name, enter the new name of th	e corpora	tion:	
		<del></del>	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ition" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	able:	7165 SW 47th Street	, Unit 320
		Miami, Fl 33155	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7165 SW 47th Street	, Unit 320
D. If amending the registered agent and/or regi	stered offi	ice address in Florida	enter the name of the
new registered agent and/or the new register			Circi the name of the
Name of New Registered Agent:	LINDA ROTH, P.A.		
	2333 Bri	ckell Avenue, Suite A-	I
New Registered Office Address:	:	(FI	orida stre <b>e</b> t address)
	Miami		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing land the land in the			the obligations of the position.
-		invations of Vov. Duning	and to us if the said

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	PT         John I           V         Mike.           SV         Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add	PTD	HECHTMAN, BARRY	8100 SW 81 Drive, # 210 Miami, Fl 33143
× Remove			·
2) Change Add	VPD	RODRIGUEZ, JUAN	8100 SW 81 Drive. # 210 Miami, F1 33143
Remove 3) Change Add X Remove	SD	PIERCE, ROBERT	8100 SW 81 Drive, # 210 Miami, Fl 33143
4) Change Add	PTSD	GONZALEZ, RUBEN F.	7165 SW 47th Street, Unit 320 Miami, Fl 33155
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addit</u> (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
	<u> </u>		

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	A . N 31 . 2021	
The date of each amendment(s) adoption: date this document was signed.	April <b>21</b> , 2021	, if other than the
Effective date <u>if applicable</u> :		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be t of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes east for the amendment(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 4/20/2021
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)
RUBEN F. GONZALEZ
(Typed or printed name of person signing)
President

(Title of person signing)

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