N15707

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SECRETARY OF STATE TALLAHASSEE, FLORID

FILED

10/2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u>Boca Oyst</u> e	er Condominium A	<u>Issociation</u> , Inc.
DOCUMENT NUMB	er: <u>N15707</u>		
The enclosed Articles of	of Amendment and fee are subm	itted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
w	Nitney Stark (Name of C	Contact Person)	
<u>Sui</u>	mmit Realty L	lasing & Manag	gement Corp.
170) N. Federal Ho	W4., Ste 4 Idress)	
<u>Ba</u>	Ca Raton, FZ (City/State	33432 and Zip Code)	·
GiH	Crousitz Symm E-mail address: (to be used	nitreature (Conformation of the conformation o	Dr.Y
For further information	concerning this matter, please	call:	
whitney & (Name o	Stark f Contact Person)	at (500) 395 - (Area Code & Daytim	te Telephone Number)
	the following amount made pay	yable to the Florida Department	of State:
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

Articles of Amendment to Articles of Incorporation

FILED

2010 OCT 19 MM 14 08

Baca Ouster Condominio	im ASSOCI STRIOTARYLORS TATE.
(Name of Corporation as currently filed with	the Florida Dent TASIOANASSEE. FLORIDA
N. I. C. T.	me Florida Dept. Valuate
<u> </u>	
(Document Number of Corporati	ion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address: (Flori	ida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am position.	familiar with and accept the obligations of the
Signature of Man	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u>Carmine</u> bedotto	1701 N Federal Huy Boxa Ration, FL 33432	☐ Add Remove
	Lawrence Clewner	1701 N. Federal Hwy. Bora Ration, FL 38432	Add Remove
			☐ Add ☐ Remove
E. If amend (attach ad	ing or adding additional Articles, entered ditional sheets, if necessary). (Be spec	r change(s) here: ific)	
	,		

The date of each amendment(s) adoption: \\\O\\\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Effective date if applicable: (date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
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 10/14/10 Signature Fill les
(By the charman 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)
Typed or printed name of person signing)
President (Title of person signing)

Page 3 of 3