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COVER LETTER

TO: Amendment Section **Division of Corporations**

GARDEN GROP AT OCEA	N REEF, INC
N16000006663 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the	following:
(Name	of Contact Person)
CATARINEAU & CATARINEAU, LLC	
(Fii	m/ Company)
91750 OVERSEAS HIGHWAY	•
	(Address)
TAVERNIER, FL 33070	
(City/ S	ate and Zip Code)
JASON@TAXCATCPA.COM	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
JASON CATARINEAU	305 852-4833
(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:
	ied Copy Certificate of Status tional copy is Certified Copy
Mailing Address Amendment Section	Street Address Amendment Section
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 Articles of Incorporation of

	s of Incorporation		6
A DDENI GDOD AT OCEAN DEEL INC	of		ALL MARSON
GARDEN GROP AT OCEAN REEF, INC			(G 19
(Name of Corporation as curren	itly filed with the Flo	rida Dept. of State)	To The U
N16000006663		· · · · · · · · · · · · · · · · · · ·	
(Document Numb	per of Corporation (if k	(nown)	. E.S.
ursuant to the provisions of section 617.1006, Florida Statute nendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fe</i>	or Profit Corporation ad	lopts the following
. If amending name, enter the new name of the corporat	tion:		
ARDEN GROUP AT OCEAN REEF, INC			and a
me must be distinguishable and contain the word "corpora	tion" or "incorporate	d" or the abbreviation "	The new 'Corp." or "Inc."
Company" or "Co." may not be used in the name.	·		•
Enter new principal office address, if applicable:	PMB 422 24 DOC	KSIDE LANE	
Principal office address <u>MUST BE A STREET ADDRESS</u>) KEY LARGO, FL 3	3037	
	<u></u>	· · · · · · · · · · · · · · · · · · ·	
. Enter new mailing address, if applicable:	DIAD 400 04 DOC	ZÓINE LANE	
(Mailing address MAY BE A POST OFFICE BOX)	PMB 422 24 DOCK	SIDE LANE	
	KEY LARGO, FL 3	3037	
. If amending the registered agent and/or registered office	ce address in Florida	. enter the name of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent:			
		lorida street address)	
New Registered Office Address:		·	
		, Florida	
	(City)	(Zip C	
	•		

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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
 :			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
·	

The	date of each amendment(s) add	ption:	, if other than th
date	this document was signed.	·	
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blocument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date wartment of State's records.	rill not be listed as the
Ado	ption of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
	02/24/2017 Dated	70.11	
	Signature	Catherin Howar	
	have not been	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	СНАТНЕ	ERINE JANSEN	
		(Typed or printed name of person signing)	
	TREASU	RER	
		(Title of person signing)	