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COVER LETTER

TO: Amendment Section Division of Corporations

Apex at Pai	rk Central Condominium Association No. 2, Inc.
N17000009728	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Jeff Cooperman, Esq.	
	(Name of Contact Person)
Solomon, Furshman & Cooperman, LLP	
·	(Firm/ Company)
1200 Brickell Avenue, PH2000	
	(Address)
Miami, Florida 33131	
	(City/ State and Zip Code)
Jeff@sfllp.com	
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matte	er, please call:
Jeff Cooperman	305 938-6909
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate o	g Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee f Status
Mailing Address Amendment Section	Street Address 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

FILED

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Apex at Park Central Condominium Association No. 2, Inc

Apes at tark central condominant Association No. 2, Inc.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
N17000009728	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporat	tion:
APEX AT PARK CENTRAL CONDOMINIUM NO. 2 ASS	SOCIATION, INC. The
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp" or "In
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a 	
N/A	<u> </u>
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	(Citified Sivee (daress)
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	l Agent
hereby accept the appointment as registered agent. I am fa	imiliar with and accept the obligations of the position.
	N
S	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	<u>V</u> <u>N</u>	ohn Doe like Jones ally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change		N/A	 	
Add				
Remove				.
2) Change		N/A	 	
Add			 	
Remove				
3) Change		N/A	 	
Add				_
Remove			 -	
4) Change		N/A	 	
Add				
Remove				
5) Change		N/A	 	
Add				
Remove				
6) Change		N/A	 	 .
Add				
Remove				

	ry). (Be specifi	c,		
8/A				
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	<u>.</u>		<u> </u>	
				
				

			N/A	
The	date of each amen	idment(s) adop	otion: '	, if other than the
date	this document was	signed.		
		N/A		
Effe	ective date <u>if appli</u> c	able:		
			(no more than 90 days after amendment file date)	
			does not meet the applicable statutory filing requirements, this date will not tment of State's records.	ot be listed as the
Ado	option of Amendme	ent(s)	(CHECK ONE)	
	The amendment(s) was/were sufficien		sted by the members and the number of votes cast for the amendment(s)	
	There are no membadopted by the box	s entitled to vote on the amendment(s). The amendment(s) was/were		
	Dated	Septembe	r 29, 2017	
	Signature			
		By the chairma	in or vice chairman of the board, president or other officer-if directors	
			selected, by an incorporator – if in the hands of a receiver, trustee, or	
			pointed fiduciary by that fiduciary)	
		Teresa Balu	nja	
			(Typed or printed name of person signing)	
		Presiden	ıt	
			(Title of person signing)	