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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Association of Ocean NAME OF CORPORATION:	Pointe Unit Owners.	Inc.	
N19000009657 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Albert Meyer			
	(Name of Contact Per	rson)	
Law Office of Al Meyer P.A.			
	(Firm/ Company	)	
55 S.E. 2nd Ave, 1st Floor			
	(Address)		
Delray Beach, FL 33444			
	(City/ State and Zip C	lode)	
al@almeyerlaw.com			
E-mail address: (to be used	for future annual repo	ort notification	)
For further information concerning this matter, please	call:		
Albert Meyer	at	561	398-0634
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	icate of Status ied Copy iional Copy is
Mailing Address		eet Address	
Amendment Section Division of Corporations	Amendment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Association of Ocean Pointe Unit Owners, Inc.				
(Name of Corporation as curre	ntly filed with the Flo	rida Dept. of State)		
N19000009657				
(Document Num	ber of Corporation (if I	known)		
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not F</i>	or Profit Corporation add	opts the fo	ollowing
A. If amending name, enter the new name of the corpora	ition:			
				The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporate	ed" or the abbreviation "C	Corp." or	· "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Σ)			
			ζ-	20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ALLA	SEP :
				$\omega$
			<del></del>	
				ည တ
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the	1 : F-	9
	additss.			
Name of New Registered Agent:				
		Florida street address)		
New Registered Office Address:	.,	, in the same and		
		, Florida _		
	(City)	(Zip Co	ode)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J		ot the obligations of the po	osition.	
	Signature of New Regi	stered 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	PD	Susan Mey	er	6168 Golf Villas Dr.
Add				Boynton Beach, FL 33437
x Remove				
2) Change	PD	Susan Barb	osa	6168 Golf Villas Dr.
x Add				Boynton Beach, FL 33437
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	date of each amendment(s) adoption:	, if other than the
late	this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ument's effective date on the Department of State's records.	ot be listed as the
٨d٥	option of Amendment(s) (CHECK ONE)	
8	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 September 19, 2019	
	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)	
	Albert Meyer	
	(Typed or printed name of person signing)	
	Director, Secretary, Treasurer	
	(Title of person signing)	