N22000004458

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
		MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LANDINGS OAKS CONDOMINIUM INC

DOCUMENT NUMBER: N22000004458

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	DEBC	DRA COHEN			
······································	(Name of	Contact Person)			
	(Firm	n/ Company)			
	81	8 NE 7st			
	(Address)			
	HALLANDAL	E-FLORIDA-33009			
	(City/ Sta	tte and Zip Code)			
For further informati		ormiami@gmail.com Ed for future annual report notifie se call:	ation)	2022 OCT 21 F	
DEBORA COHE	N	at (<u>305</u>) 244499		::: ;; 	C
(Name	e of Contact Person)	(Area Code & Dayti	me Telephone N	lumber	r)
Enclosed is a check	for the following amount made	payable to the Florida Departmer	nt of State:		
□\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 I Certificate Certified C (Additiona is enclose	of Stat Jopy I Copy	tus
Mai	ling Address	Street Address			

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 ì

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Articles of Amendment to Articles of Incorporation of

LANDINGS OAKS CONDOMINIUM INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N22000004458

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006. Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

LANDING OAKS CONDOMINIUM INC

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS)

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) N/A

- .

D. If amending the registered agent and/or registered agent and/or the new registered agent agent and/or the new registered agent ag		iter the name of the
Name of New Registered Agent:	N/A	
	N/A	
<u>New Registered Office Address</u> :	(Florida street address)	
	N/A	Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. T am familiar with and accept the obligations of the position.

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	🗖 Add
<u>N/A</u>	N/A	<u>N/A</u>	Add Remove
<u>N/A</u>	<u>N/A</u>	N/A	Add Remove

E. If amending or adding additional Articles, enter change(s) here:

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

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IN/A				 	
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The date of each amendment Effective date <u>if applicable</u> :	(date of adoption is required) 07/20/2022
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes east for the amendment(s roval.
was/were sufficient for app	noval. members entitled to vote on the amendment(s). The amendment(s) was/were
was/were sufficient for app	roval. members entitled to vote on the amendment(s). The amendment(s) was/were rectors.

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)

DEBORA COHEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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