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COVER LETTER

TO: Amendment Section Division of Corporations

Taliahassee, FL 32314

ALINA 210 F NAME OF CORPORATION:	BOCA RATON CONDOMI: 	NIUM ASSOC	CIATION
N24000006691 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	are submitted for tiling.		
Please return all correspondence concerning th	is matter to the following:		
OSNAT YAIR			
	(Name of Contact Pe	erson)	
EL-AD NATIONAL PROPERTIES LLC			
	(Firm/ Company	.)	
150 E. PALMETTO PARK ROAD , SUITE 4	00		
	(Address)		
BOCA RATON , FLORIDA 33432			
	(City/ State and Zip (Code)	
OYAIR@ELADNATIONAL.COM			
E-mail address: (to	be used for future annual rep	ort notificatio	n)
For further information concerning this matter,	, please call:		
OSNAT YAIR	at	954	846-7800
(Name of Contact		(Area Code)	
Enclosed is a check for the following amount r	nade payable to the Florida I	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing F Certificate of \$	_	Certif S Certif (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Div	eet Address nendment Sect vision of Corp e Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALINA 210 BOCA RATON CONDOMINIUM ASSOCIATION

(Name of Corporation as currently filed with the Flori	da Dept. of State)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(I)	and a of Company of the	a a u a l
(Document is	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fe	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
	<u>.</u>	The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	ooration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	-	
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
	(F.	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I ar		the obligations of the position.
	Signature of Nove Regist	ered 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 De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add		Noam Ziv	150 E. PALMETTO PARK ROAD Boca Raton , Florida 33432
x Remove			
2) <u>× Change</u> Add	PRESID	Matthew Jeffries	150 E. Palmetto park road , suite 40 Boca Raton , Florida 33432
Remove	SECRE]	Candace Jorritsma	150 E. Palmetto Park road , suite 4t Boca Raton , Florida 33432
4) Change Add	<u>VP & TI</u>	ARIK BRONFMAN	150 E. PALMETTO PARK ROAD BOCA RATON , FLORIDA 33432
Remove 5)ChangeAddRemove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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		6/20/2024	
The date of each amendment date this document was signed	t(s) adoption: .		, it other than the
Effective date if applicable:	6/20/2024		
	(n-	o more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t	nis block does i he Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	(9	CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by	y the members and the number of votes east for the amendment(s)	

Dated	6/20/2024
	My WM
Signatu	
	(By the chairman of the 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)
	Mauhew Jeffries
	(Typed or printed name of person signing)

(Title of person signing)

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