N26134

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	<u> </u>
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Overlook Condomin	nium Association		
	N26734			
DOCUMENT NUMBER: _	······································			·····
The enclosed Articles of Amo	endment and fee are sub	mitted for filing.		
Please return all corresponde	nce concerning this matt	ter to the following:		
Patricia Hall				
		(Name of Contact I	Person)	
Overlook Condominium Ass	sociation			
		(Firm/ Compar	ny)	<u> </u>
1167 Hillsboro Mile				
		(Address)		
Hillsboro Beach, FL 33062				
		(City/ State and Zip	Code)	
overlookcondo@aol.com				
E-	mail address: (to be use	d for future annual re	eport notificatio	n)
For further information conc	erning this matter, please	e call:		
Patricia Hall		а	954 it	427-2878
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fer Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee Teate of Status Ted Copy tional Copy is osed)
Mailing A Amendmer			treet Address Imendment Sect	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OVERLOOK CONDOMINIUM ASSOCIATION, INC.

N26734				
(Document Nu	umber of Corporation (if known)		-	_
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation a	dopts th	ne followi	ng
A. If amending name, enter the new name of the corpo	oration:			
			The ne	w
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation	"Corp."	" or "Inc. حم	
B. Enter new principal office address, if applicable:		72/	024	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	7	NON	
		55: 55:	-8	_;
		<u></u>		Ĭ
C. Enter new mailing address, if applicable:		77	PH	1
(Mailing address MAY BE A POST OFFICE BOX)		<u>ç</u> -	. ယှ	_
		e e	三三	
				_
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the	2		
new registered agent and/or the new registered offi		-		
Name of New Registered Agent:				
• • • • • • • • • • • • • • • • • • • •				
	(Florida street address)			_
New Registered Office Address:				
	, Florida	1		
	(City) (Zip	Code)		_
New Registered Agent's Signature, if changing Registe	arad Agent-			
I hereby accept the appointment as registered agent. I an		oosition	<u>.</u>	
	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 St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add X Remove	ASST T	Shore, Howard	1167 Hillsboro Mile #406 Hillsboro Beach, FL 33062
2) Change Add	ASSTT	Kodz, Daniel	1167 Hillsboro Mile #409 Hillsboro Beach, FL 33062
Remove 3) Change × Add Remove	2nd VP	Tolento, Joseph	1167 Hillsboro Mile #202 Hillsboro Beach, FL 33062
4) Change Add	d-translation (*1000)		
Remove 5) Change Add Remove			
6) Change Add		**************************************	
E. If amending or addir (attach additional shee	ng additional Arti	icles, enter change(s) here: (Be specific)	

		
		<u></u>
		
		
		<u> </u>
		
		-
		
		
	October 21, 2024	
The date of each amendment(s) adoptidate this document was signed.	ion:	, if other than the
Effective date if applicable:		
is approach.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	loes not meet the applicable statutory filing requirements, this date will neent of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

À	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 11 4 2024
	Signature Old Color Old
	(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)
	CLAIRE L CALANDRA
	(Typed or printed name of person signing)
	PRESIDENT, OVERLOOR BOARD OF DIRECTORS
	(Title of person signing)

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ZALLAHÁSSEE FLORIDA