N32932

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(Lewis

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SUN 73	RRACE	CONDOMINIUM AS	<u>50</u>
DOCUMENT NUMBER: # 32932	<u></u>		_
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
ANN BARKY			
	(Name of Contact	Person)	
	(Firm/ Compa	ny)	_
509 H, 6,5cus 1	he #5		
^	(Address)		
POMPANO BEACH P	2 33062		
annbarry 05 E-mail address to be used			
For further information concerning this matter, please	call:		
Ann Barry (Name of Contact Person)	at (96	34 545 9868	_
(Name of Contact Person) Enclosed is a check for the following amount made pa			
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	-	e & \$\sum \square\$\$\square\$\$ S52.50 Filing Fee Certificate of Status	
Mailing Address Amendment Section		treet Address mendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Division of Corporations		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SUN TERRACE CA (Name of Corporation as currently filed with					, 1, 2
N32932			wn)		
(Document Num	nber of Corpo	oration (if kno	wn)		
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, t	this <i>Florida N</i>	ot For Profit Cor	rporation adopts the f	following
A. If amending name, enter the new name of the c	corporation	<u>:</u>			
NI A					The new
A/A name must be distinguishable and contain the word "		" or "incorp	orated" or the ab	breviation "Corp." o	r "Inc."
"Company" or "Co." may not be used in the name.		.1.1			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		N/A			
Frincipal office address <u>MOST BE A STREET AD.</u>	<i><u>/DRESS</u>)</i> —				
S D					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(OX)	MA			
		· · · · · · · · · · · · · · · · · · ·		 	
D. If amending the registered agent and/or registe			rida, enter the n	ame of the	
new registered agent and/or the new registered	d office add:	ress:			
Name of New Registered Agent:	/ <i>A</i>		····		
					
New Registered Office Address:	(Fla	orida street addre	ess)		
	(City)		, Florie	da(Zip Code)	
Nam Designatured Agently Cianature (C-1	. •			(24 2240)	
New Registered Agent's Signature, if changing Re- hereby accept the appointment as registered agent.			ccept the obligati	ons of the position.	
		<u> </u>			
Signature	e of New Res	gistered Ageni	, if changing		

Page 1 of 4

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u> _	DENISE LOWE	Pompano Beach FL 33002
2) Change Add Remove	7_	FRANCINE RUBIND	for pana Beach F 330x2
3) Change Add Remove	5_	Soleyr Nelson	Jos 14 biscus Ave # 3 Pompins Beach FT 33062
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

tach additional sheets, if necessa	ry). (Be spec	:ific)			
NA					
10/17					
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	date of each amendment(s) adopti this document was signed.	SECRETARY UF SECRETARY UF DIVISION OF CORP	OTATE ORATIONS	, if other than the
Effective date if applicable:		างเร่าอัฟ อะ	file date)	
Adoj	ption of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/were adopte was/were sufficient for approval.	i by the members and the number of votes	cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	ntitled to vote on the amendment(s). The	amendment(s) was/were	
	Dated ///22/	Dawy		
	(By the chairman have not been se	of vice chairman of the board, president or ected, by an incorporator – if in the hands nted fiduciary by that fiduciary)	other officer-if directors of a receiver, trustee, or	
	ANN B	ARY ed or printed name of person signing)		
	- Au	(Title of person signing)	···	