## N43571

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Γ		
Special Instructions to f	Filing Officer:	

Office Use Only



100319748181

10/17/18--01047--008 \*\*35.00

2018 OCT 16 PM 12: 0

C. GOLDEN 0CT 2.5 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SHERBROOKE	TOWNHOMES HOME	OWNERS	ASSOCIATION, INC.
DOCUMENT NUMBER:	N42571		
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
	YANILKA DIPP		
	(Name of Contact Perso	n)	
AS	SOCIATION SPECIAL	fy groui	P. LLC.
	(Firm/ Company)		
90	50 PINES BLVD. , SUIT	TE 480	
	(Address)		
	PEMBROKE PINES. FI	L 33024	
	(City/ State and Zip Cod	e)	
	'DIPP@ASGFLORIDA		
E-mail address: (to be used	·	notification	• -
For further information concerning this matter, please	call:		
YANILKA DIPP	(9: at	54)	458-5557 EXT. 246
(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of S	State;
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		Address Iment Secti	on

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

2018 OCT 16 PM 12:06

## SHERBROOKE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

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

N425	571	
(Document Number of	of Corporation (if kno	own)
arsuant to the provisions of section 617,1006, Florida Statutes, thendment(s) to its Articles of Incorporation:	his <i>Florida Not For</i> .	<b>Profit Corporation</b> adopts the following
. If amending name, enter the new name of the corporation:		
		The new
me must be distinguishable and contain the word "corporation Company" or "Co." may not be used in the name.	" or "incorporated"	or the abbreviation "Corp," or "Inc,"
. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		nter the name of the
Name of New Registered Agent:	<u> </u>	
Think of the high-with higher		
New Registered Office Address:	(Flor	ida street address)
		***
	Ciţy)	, Florida (Zip Code)
Desirement Asset' Simple of the saint Desirement Asset	<b>-</b>	
ew Registered Agent's Signature, if changing Registered Agenereby accept the appointment as registered agent. I am familia		e obligations of the position.
Signa	ture of New Register	ed 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>V</u> <u>Mi</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>		
1) X Change	VP	PAPPAS, GAYLE	C/O ASSOCIATION SPECIALTY		
Add			9050 PINES BLVD., SUITE 480		
Remove			PEMBROKE PINES, FL 33024		
2) X Change	T	MONTOUR, ALAIN	C/O ASSOC. SPECIALTY GROUI		
Add			9050 PINES BLVD., SUITE 480		
Remove			PEMBROKE PINES, FL 33024		
3 ) Change	D	ROTHMAN, CYNTHIA	C/O ASSOC. SPECIALTY GROU		
Add			9050 PINES BLVD., SUITE 480		
X Remove			PEMBROKE PINES, FL 33024		
4) Change	S	BETTERS, JAY	C/O ASSOC. SPECIALTY GROUI		
X			9050 PINES BLVD., SUITE 480		
Remove			PEMBROKE PINES, FL 33024		
5) Change	D	BOTELHO, JEFFREY (JEFF)	C/O ASSOC. SPECIALTY GROUL		
X Add	<del></del> -		9050 PINES BLVD., SUITE 480		
Remove			PEMBROKE PINES, FL 33024		
6) Change	D	MORENO, GIL	C/O ASSOC. SPECIALTY GROUI		
X Add			9050 PINES BLVD., SUITE 480		
Remove			PEMBROKE PINES, FL 33024		
ivenuve		Page 2 of t			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
X	Add	D	PHILLIPS, THOMAS	C/O ASSOC. SPECIALTY GROUP
				9050 PINES BLVD., SUITE 480
				PEMBROKE PINES, FL 33024
X	Add	D	COATES, ROGER	C/O ASSOC. SPECIALTY GROUP
				9050 PINES BLVD., SUITE 480
				PEMBROKE PINES, FL 33024
	<del></del>			
			•	
•	· · · · · · · · · · · · · · · · · · ·			

he	date of each amer	lment(s) adoption:		, if other than the
ate	this document was	igned.		
Effe	ective date <u>if appli</u>	ıble:		
		(no more than 90 da	ys after amendment file date)	
		d in this block does not meet the applic e on the Department of State's records	rable statutory filing requirements, this date will not	t be listed as the
٨d٥	ption of Amendm	ot(s) ( <u>CHECK ONE</u> )		
	The amendment(s was/were sufficier	• •	the number of votes east for the amendment(s)	
	There are no mem adopted by the bo		amendment(s). The amendment(s) was/were	
	Dated	8/27/2018		
	Signature		,, <i>/-</i>	<u>.</u>
		-	e board, president or other officer-if directors nor – if in the hands of a receiver, trustee, or fiduciary)	
		Duvid	rinted name of person signing)	
		(Typed or p	rinted name of person signing)	
		ficula	e.t	
		(	Title of person signing)	