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COVER LETTER

TO: Amendment Section Division of Corporations

		Portraits HOA		
NAME OF CORPORATI	ON:			
		N92000000863		
DOCUMENT NUMBER:				
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
		Joseph Waldron		
		(Name of Contact Per	rson)	
	Comm	and Management LLC		
		(Firm/ Company))	
	5400 5	University Dr. Ste 119	9	
		(Address)		** *** *******************************
	D	avie, Florida 33328		
		(City/ State and Zip C	ode)	
	Jos	seph@commandflorida	.com	
	E-mail address: (to be use	for future annual repo	ort notificatio	n)
For further information con	cerning this matter, please	e call:		
	ph Waldron		305	335-2303
	(Name of Contact Persor	atat	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the			`	,
		•		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy		0 Filing Fee icate of Status
	Certificate of Status	(Additional copy is		ied Copy
		enclosed)		tional Copy is
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Mailing Address		Sa-a	ot Address	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

PORTRAITS HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dep N920000008	- •	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, tamendment(s) to its Articles of Incorporation:	his <i>Florida Not For Profit Corporation</i> adop	ots the following
A. If amending name, enter the new name of the corporation	<u>:</u>	771
name must be distinguishable and contain the word "corporation "Company" or "Co," may not be used in the name.	" or "incorporated" or the abbreviation "Co	The new orp," or "Inc."
B. Enter new principal office address, if applicable:	COMMAND MANAGEMENT LLC	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	5400 S. UNIVERSITY DR. STE 119	
	DAVIE, FLORIDA 33328	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5400 S UNIVERSITY DR. STE 119	2020 I
	DAVIE, FLORIDA 33328	AR .
	V	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent.		AHII: 20
Name of New Registered Agent:	SAME	
New Registered Office Address:	(Florula street address)	·····
 	, Florida	
New Registered Agent's Signature, if changing Registered Ag		·,
I hereby accept the appointment as registered agent. I am famili		tion.
Signa	ture 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.

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Example: X Change X Remove		ohn Doe Like Jones		201 13.
X Add	<u>SV</u> <u>Sa</u>	ally Smith		FOR THE
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	2020 MAR 27 SECRETARY
1) Change Add	D	Rose Ann Liquori		ELECT SHILL 2
X Remove				500
2) X Change Add	VP	Elsie Florido	5400 S University Davie, Florida 333	
Remove 3) X Change Add Remove	<u>s</u>	Scott Hoch	5400 S University Davie, Florida 333	
4) Change Add	9	Marketise Herman Change Addre	5400 S Davie	University F1. 33328)
Remove 5) Change Add	<u>T.</u>	Mark Gerwig Change Addres Change Addres	5400 S Davie	S Universit F1 33328
Remove				
6) Change Add				
Remove				
E. If amending or add (attach additional sh		Page 2 of 4 d Articles, enter change(s) here: ary). (Be specific)		
Please change all				
	-			
				
				

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		2020 MAR 21/ SECRETAIN A SECRETAIN
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		MII: 20 FLORIO
		200
	Page 3 of 4	
	•	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
<u>pprenove</u> .	(no more than 90 days after amendment file	date)
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing rec partment of State's records.	puirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cail.	st for the amendment(s)

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

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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)

Mari Elise Herman

(Typed or printed name of person signing)

President

(Title of person signing)