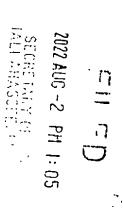
N97000004923

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COYER LETTER

TO: Amendment Section . Division of Corporations	
NAME OF CORPORATION:	evard Condominium Association, Inc.
N97000004923 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Michael P. Gable	
	(Name of Contact Person)
Law Office of Gable & Heidt	
	(Firm/ Company)
4000 Hollywood Boulevard, Suite 735 South Tow	er
	(Address)
Hollywood, FL 33021	
	(City/ State and Zip Code)
michaelpgable@att.net	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Michael P. Gable	954-966-2501
(Name of Contact Pers	son) at
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
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 to Articles of Incorporation of

TOTALIS PH 1:05

2600 Island Boulevard Condominium Association. Inc.

Name of Corporation as currently filed with the Florid	la Dept. of State)
N97000004923	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:
	The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>SS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	ce_address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent
I hereby accept the appointment as registered agent. I an	
	Signature of New Registered Agent, if changing
	organiture of New Regimerea 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 So	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>TD</u>	Clirford Ain	2600 Island Boulevard Aventura, FL 33160
Remove 2) Change Add			
Remove	TD	Linda Goldstein	2600 Island Boulevard Aventura, FL 33160
4) Change Add			
Remove 51ChangeAdd			
Remove 6)ChangeAdd			
E. If amending or additional she		icles, enter change(s) here: (Be specific)	

•		
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<u> </u>		
		
<u> </u>		
	<u> </u>	<u> </u>
	<u> </u>	
The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will no rtment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

.

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Dated	1/21/22
Signature	glid.
ha	the chairman or vide chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Alan Matus
	(Typed or printed name of person signing)

(Title of person signing)