19800004063

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



600288633266

08/05/16--01024--003 **52.50

SECRITARY OF STATE

C. CARROTHERS C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	EASTLAND COVE	HOMEOWNERS AS	SSOCIATION	INC
DOCUMENTAL NUMBER OF THE PARTY	N98000004063			
DOCUMENT NUMBER:				
The enclosed Articles of Ar	nendment and fee are subm	nitted for filing.		
Please return all correspond	lence concerning this matter	r to the following:		
ANDREE GREENE				
		(Name of Contact Pe	rson)	
COMMUNITY ASSOCIA	TION ADMINISTRATOR	S INC		
		(Firm/ Company	')	
600 SW 4TH AVENUE				
		(Address)		
FORT LAUDERDALE, FI	_ 33315			
		(City/ State and Zip (Code)	
condo_managel@aol.com				
	E-mail address: (to be used	for future annual rep	ort notification	
For further information con-	cerning this matter, please o	call:		
ANDREE GREENE		at	954	3032926
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pay	able to the Florida D	Department of S	State:
☐ \$35 Filing Fee	Os43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Priling Fee cate of Status ed Copy ional Copy is sed)

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EASTLAND COVE HOMEOWNERS ASSOCIATION INC

(Name of Corporation as current	ly filed with the Florid	a Dept, of State)	
N98000004063			
(Document Number	r of Corporation (if kno	wn)	-
Pursuant to the provisions of section 617.1006, Florida Statutes mendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For I</i>	Profit Corporation adopts (he following
. If amending name, enter the new name of the corporation	<u>:ao</u>		
			The new
name must be distinguishable and contain the word "corporati "Company" or "Co," may not be used in the name.	on" or "incorporated"	or the abbreviation "Corp	or "Inc."
3. Enter new principal office address, if applicable:	_		ဟ <u>()</u>
Principal office address <u>MUST BE A STREET ADDRESS</u>)			Flg
			
			<u>8</u> 5
. Enter new mailing address, if applicable:			======================================
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>. </u>	
If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	e address in Florida, e idress:	nter the name of the	
Name of New Registered Agent:			
	(Flor	ida street address)	
New Registered Office Address:			
		, Florida	
	(City)	. (Zip Code)	
lew Registered Agent's Signature, if changing Registered	Agent:		
hereby accept the appointment as registered agent. I am fan	niliar with and accept th	he obligations of the positio	n.
Sig	gnature of New Register	red Agent, if changing	

2416 AUG - 5 AH 4: 2.

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 <math>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 Mil</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1)Change	P	ROBERT BROSSEAU	4491 NW 20 AVENUE
X Add			OAKLAND PARK, FL 33309
Remove			
2) Change	<u>v</u>	JAMES VEITCH	1972 NW 45 STREET
XAdd			OAKLAND, FL 33309
Remove	S	ROBERT PLOMINISKI	4402 NW 20 AVENUE
3) Change X Add			OAKLAND PARK, FL 33309
Remove			
4) Change	TR	WENDY VIEIRA	2001 NW 45 STREET
XAdd			OAKLAND PARK, FL 33309
Remove			
5) Change	AS	SANDRA VEITCH	1972 NW 45 STREET
XAdd			OAKLAND PARK, FL 33309
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)	
•		
		

The	JULY 26, 2016 e date of each amendment(s) adoption:	, if other than the
	e this document was signed.	_
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not amment's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	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 Aug 2, 2016	
	Signature Mell of Decorter HUM Aves	_
	(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)	
	Robert G Brosseau (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Pres.	
	(Title of person signing)	