

N99 000006636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

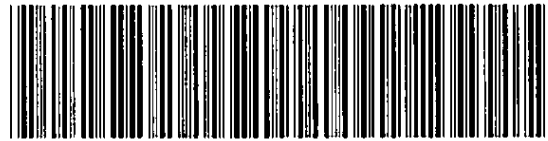
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG 30 P 3:31

FILED

T. LEMMON

SEP 03 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIRAGE AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N99000006636

The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following.

Claire Louisville

(Name of Contact Person)

Tri-County Property Services & Management

(Firm/ Company)

1451 W Cypress Creek Rd ste 300

(Address)

Fort Lauderdale, FL 33309

(City/ State and Zip Code)

info@tricitypsm.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claire Louisville

(Name of Contact Person)

754

368-6593

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State.

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2019

CLAIRE LOUISVILLE
1451 W CYPRESS CREEK RD STE 300
FT LAUDERDALE, FL 33309

SUBJECT: MIRAGE AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N99000006636

We have received your document for MIRAGE AT CRYSTAL LAKE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

The print on the document is too small.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 719A00016675

RECEIVED
2019 AUG 30 AM 11:44
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

FILED

MIRAGE AT CRYSTAL LAKE CONDOMINIUM, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) 2019 AUG 30 P 3:34

N99000006636

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:

C/O Tri-County Property Services & Management

(Principal office address **MUST BE A STREET ADDRESS**)

1451 W Cypress Creek Rd ste 300

Fort Lauderdale, FL 33309

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Tri-County Property Services & Management

1451 W Cypress Creek Rd ste 300

(Florida street address)

New Registered Office Address:

Fort Lauderdale

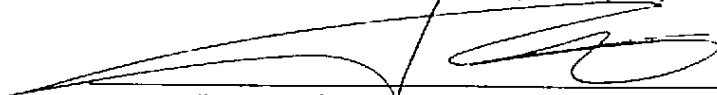
(City)

Florida 33309

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature 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.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Machado, Nazarene</u>	<u>C/O Tri-County Property Services</u> <u>1451 W Cypress Creek Rd ste 300</u> <u>Fort Lauderdale, FL 33309</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Dias, Luiz</u>	<u>C/O Tri-County Property Services</u> <u>1451 W Cypress Creek Rd ste 300</u> <u>Fort Lauderdale, FL 33309</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Pellegrini, Marge</u>	<u>C/O Tri-County Property Services</u> <u>1451 W Cypress Creek Rd ste 300</u> <u>Fort Lauderdale, FL 33309</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Machado, Marcus</u>	<u>C/O Tri-County Property Services</u> <u>1451 W Cypress Creek Rd ste 300</u> <u>Fort Lauderdale, FL 33309</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 8/26/2019 _____

Signature George Pelligrini _____

(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)

George Pelligrini _____
(Typed or printed name of person signing)

TORRES _____
(Title of person signing)