P05000056857

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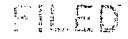
MAY 06 2016 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BROOKVILLE HO	OMES OF PALM BEACH COUNTY INC				
DOCUMENT NUMBER: P05000056857					
The enclosed Articles of Amendment and fee are sul	bmitted for filing.				
Please return all correspondence concerning this mat	eter to the following:				
OSCAR HORACIO ZAPAT	ГА				
	Name of Contact Person				
O.Z. ACCOUNTING SERV	O.Z. ACCOUNTING SERVICES				
	Firm/ Company				
998 SW PROVINCETOWN	LN				
	Address				
PORT ST. LUCIE, FLORID	A 34953				
	City/ State and Zip Code				
ozaccounting7@Hotmail.com					
E-mail address: (to be us	ed for future annual report notification)				
For further information concerning this matter, please OSCAR HORACIO ZAPATA					
Name of Contact Person	at (772) 361-3653 Area Code & Daytime Telephone Number				
	, ,				
Enclosed is a check for the following amount made p	payable to the Florida Department of State:				
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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				

Articles of Amendment to Articles of Incorporation of



BROOKVILLE HOMES OF PALM BEACH COUNTY INC

16 MAY -4 PM 4:51

(Name of Corporati	ion as currently filed with the Florida Dept. of State RETARY OF STATE TÄLL AHASSEE, FLORID
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
	The new of "corporation," "company," or "incorporated" or the abbreviation of "Inc," or "Co". A professional corporation name must contain the abbreviation "P. 4."
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADL	e:
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reginer hereby accept the appointment as registered agent.	<u>zistered Agent:</u> I am familiar with and accept the obligations of the position.
	nature of New Pagistaned 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 <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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>V</u>	ALEXANDRA SANCHEZ	650 SW PALMETTO COVE
X Add			PORT ST. LUCIE, FL 34986
Remove			20%
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
		<u> </u>	
		-	
	·		
			
			
f an amendment provides for an exch provisions for implementing the amer	ange, reclassification, or o	cancellation of issued s	hares,
(if not applicable, indicate N/A)	idment ii not contained iii	ttie amenament usen	<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, th document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
04/28/16 Dated	
Signature (By a director, president or other officer – I directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
MAURICIO SALAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	