N09177

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Oakbrook Gainesville Ass NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Joel S. Piotrkowski, Esquire	
(Nan	ne of Contact Person)
Green & Piotrkowski, PLLC	
(Firm/ Company)
317 - 71st Street	
	(Address)
Miami Beach, FL 33141	
(City	/ State and Zip Code)
joel@gkppa.com	
E-mail address: (to be used for fi	iture annual report notification)
For further information concerning this matter, please call:	
Joel S. Piotrkowski	305 865-4314
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
(Ac	3.75 Filing Fee & S52.50 Filing Fee rtified Copy Certificate of Status dditional copy is closed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Oakbrook of Gainesville Association, Inc.

(Name of Corporation as of	currently filed wit	h the Florida Dept.	of State)		_
N09177					
(Document	Number of Corpo	ration (if known)			
Pursuant to the provisions of section 617,1006, Florida unendment(s) to its Articles of Incorporation:	Statutes, this Flori	ida Not For Profit Co	orporation a	dopts the follow	ing
A. If amending name, enter the new name of the con	rporatio <u>n:</u>				
				The n	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "in	corporated" or the a	bbreviation	"Corp." or "Inc	
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADD</u> .	<u>RESS</u>)				
			-		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOY</u>	ν				
				SLC	
 If amending the registered agent and/or registered new registered agent and/or the new registered or 		n Florida, enter the	name of the	LORE I	•
Name of New Registered Agent;				20 \$65 \$55	î
			•	P H	Į.
<u>New Registered Office Address</u> :		(Florida street (iddress)	12 46 31A11 08107	₹.
			Florida		
	(City)		(Zip (Code)	
New Registered Agent's Signature, if changing Regin hereby accept the appointment as registered agent.	istered Agent: I am familiar with	and accept the obliga	tions of the p	position.	
	Signature of	New Registered Agen	t, if changin	R	

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	\overline{V} Mik	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Eileen Newhouse	5522-B NW 43rd Street
X Add			Gainesville, FL 32653
Remove			
2) Change	D	Moti Boaziz	5522-B NW 43rd Street
X Add			Gainesville, FL 32653
Remove	D	Simha Rubi	5522-B NW 43rd Street >
3) Change	D	Sililla Kabi	
Add Remove			
4) Change			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change		-	
Add			
Remove			

. If amending or add (attach additional sh	eets, if necessary).	(Be specific)					
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The date of each amendment(s) adoption)o:	, if other than i
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 do document's effective date on the Departm	nes not meet the applicable statutory filing requirements, this date will nent of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated Avy il.	19, 2019 1	
. Signature	1 1 1/1/2 2 3	
have not been sel-	or vice chairman of the board, president of other office if directors ected, by an incorporator - if in the hands of a receiver, trustee, or need tiduciary by that fiduciary)	
, <u>M</u> 3	1 declin 134.77 (Typed or printed name of person signing)	19 St
	(15ped of printed name of person signing)	 - -
	8(25, 2.7)	AUG 20
	(Title of person signing)	