7/3206

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Eighth Moraings Condoninium Inc
DOCUMENT NUMBER: 7/3206
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person) Eighth Worrgs Condoninuum
(Firm/ Company) 18707 NE 14 H-C (Address)
Northheath 1 33179 (City/ State and Zip Code)
/E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: STATE DEVICES at 305 364-794 (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: \$\sum_{\$35}\$ Filing Fee \sum_{\$43.75}\$ Filing Fee \sum_{\$52.50}\$ Filing Fee
Certificate of Status (Additional copy is Certified Copy enclosed) Certificate of Status (Additional copy is (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mirect Address Amendment Section Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept (Document Number of Corporation (if known) 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: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: (Florida street address) Mami 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.

Page 1 of 3

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): **Type of Action** Address ☐ Add ☐ Remove . ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	
Effective date if applicable:	(date of adoption is required)
	- '- (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated 0	Produci Poesto P.
(By	withe chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	ORODINA DORESTE (Typed or printed name of person signing)
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Page 3 of 3

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