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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: LIME BAY CO	NDOMINIUM INC	
DOCUMENT NUI	MBER: 725495		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	•
Please return all cor	теspondence concerning this mat	ter to the following:	
		CY DALEY	
	(Name of	Contact Person)	,
	LIME BAY C	ONDOMINIUM INC	
	(Firm	/ Company)	
s.	Q1Q0 I IME F	BAY BOULEVARD	·
		Address)	· · · · · · · · · · · · · · · · · · ·
		AC FL 33321	
	(City/ Sta	te and Zip Code)	
		•	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further informat	tion concerning this matter, please	e call:	
NANCY DALEY	•	at (954) 721-558	6
(Nam	e of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Department	of State:
□\$35 Filing Fee	[7] \$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)
	iling Address endment Section	Street Address Amendment Section	
Division of Corporations		Division of Corporation	ns
	. Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

Articles of Amendment to Articles of Incorporation of



LIME BAY CO	NDOMINIUM INC	" ^{гл} 3: 42
(Name of Corporation as current	y filed with the Florida Dept.	of State)
	5495	
(Document Numbe	r of Corporation (if known)	
ursuant to the provisions of section 617.1006, Flore following amendment(s) to its Articles of Income		For Profit Corporation adopts
. If amending name, enter the new name of th	e corporation:	
he new name must be distinguishable and cont bbreviation "Corp." or "Inc." <u>"Company" or "</u>		
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
	<u>-</u>	
). If amending the registered agent and/or regi	ictored office address in Florid	a entay the name of the
new registered agent and/or the new register		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(7)	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing hereby accept the appointment as registered as assistion.		accept the obligations of the
Sign	ature of New Registered Agent,	if changing

Page 1 of 3

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 Title** <u>Name</u> <u>Address</u> T **PAULA PICARDI JOHN CARNERO** PAUL BAUER TAMARAC FL 33321 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: 05-29-2009
Effective date <u>if applicable</u> :	(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) provai.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated\Signature	06/29/09 John-Carnero
(B)	y the 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)
	JOHN CARNERO (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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