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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BLUE DIAMOI	ND CONDOMINIUM	ASSOCIATION
DOCUMENT NUM	BER: N000000022	47	
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
·	LEGNE LIMA C/	F MICHAEL GABRIEL	
	(Name of	Contact Person)	·
	BLUE DIAMOND N	MANAGEMENT OFFICE	
	(Firm	/ Company)	
	4779 COL	LINS AVENUE	
	(A	Address)	
	MIAMI RE	ACH, FL 33140	
		e and Zip Code)	
alastica estador a constituir de constituir		REENDIAMOND.NET	fication)
For further information	on concerning this matter, please	call:	
LEGNE LIMA		at (305)_672-4	779 EXT. 1
(Name	of Contact Person)	(Area Code & Day	ytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departm	ent 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)
Ame Divis P.O.	ing Address Indment Section Ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Ce Tailahassee, FL 32	ations nter Circle

Articles of Amendment to Articles of Incorporation of

BLUE DIAMOND CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N00000002247

(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:

	NIA		
he new name must be distinguishable and			
bbreviation "Corp." or "Inc." <u>"Company"</u>	or "Co." may not b	e used in the nar	<u>ne</u> .
. Enter new principal office address, if an	plicable:	N	<u> </u>
Principal office address <u>MUST BE A STRE</u>	ET ADDRESS)		
	-		
	-		
Enter new mailing address, if applicab		. N	ام
(Mailing address <u>MAY BE A POST OF</u>	ICE BOX)	N.	[PT
			
	-		
If amending the registered agent and/or	registered office a	ddress in Florida	a. enter the name of the
. If amending the registered agent and/or new registered agent and/or the new reg			a, enter the name of the
new registered agent and/or the new reg	gistered office addr		a, enter the name of the
	gistered office addr	ess:	a, enter the name of the
new registered agent and/or the new reg	gistered office addr	ess:	a, enter the name of the
new registered agent and/or the new registered Agent:	gistered office addr	e <u>ss:</u> 1 A	
new registered agent and/or the new registered Agent:	gistered office addr	ess: I A I street address)	a, enter the name of the , Florida (Zip Code)
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	gistered office addr	ess: I A I street address) N A (City)	 . Florida
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if change hereby accept the appointment as registered.	gistered office addr	ess: A street address N A (City)	, Florida (Zip Code)
new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if change hereby accept the appointment as registered.	ristered office addr (Florida ring Registered Age red agent. I am fa	ess: A street address N A (City) ent: miliar with and	, Florida (Zip Code)
Name of New Registered Agent:	ristered office addr (Florida ring Registered Age red agent. I am fa	ess: A A street address) A (City) ent: miliar with and	, Florida (Zip Code) accept the obligations of

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)

<u>Title</u>	Name	Address	Type of Action
PD	MICHAEL GABRIEL	4779 COLLINS AVENUE MIAMI BEACH, FL 33140	_ ☑ Add □ Remove
<u>VP</u>	GORDON CHESTER	4779 COLLINS AVENUE MIAMI BEACH, FL 33140	☑ Add ☐ Remove
TR	ANDREW KANE	4779 COLLINS AVENUE MIAMI BEACH, FL 33140	☑ Add ☑ Remove
(attach addi	g or adding additional Articles, entertional sheets, if necessary). (Be spec	ific)	
AMENDING	OFFICERS AND DIRECTORS	(CONTINUOUS):	77105 5 77145
LINDA COM	PAGNONE - SECRETARY	4779 COLLINS AVE	MIAMI BEACH, FL 33/40
ALEXANDE	R REUS - DIRECTOR	4779 COLLINS AVE	MIAMI BEACH, FL 33140
	ASE REMOVE ALL PREVIOUS (ERS PROVIDED HEREIN, ARE		S. THE NEW

The date of each amendmen	t(s) adoption: DECEMBER 8, 2010
Effective date <u>if applicable</u> :	(data 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	re adopted by the members and the number of votes cast for the amendment(s) roval.
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 12/1 Signature	Muhal Halm
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)
	MICHAEL GABRIEL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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