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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOLDEN DREAMS CONDOMINIUM ASSOCIATION INC.

DOCUMENT NUMBER: NO4000011970

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Hillstrom
(Name of Contact Person)

Golden Dreams CONDOMINIUM ASSOCIATION INC.
(Firm/ Company)

65 Washington Avenue
(Address)

Miami Beach FL 33139
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Christine Hillstrom
(Name of Contact Person)

at (305) 233-1907
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| ☐ \$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) |
|--|---|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

GOLDEN DREAMS CONDOMINIUM, INC.

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TALLAHASSEE, FLORIDA

NEW CORPORATE NAME (if changing):

GOLDEN DREAMS CONDOMINIUM ASSOCIATION INC.

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(continued)

The date of adoption of the amendment(s) was: January 12, 2005

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 27th day of January, 2005.

Signature X.

Christine Hillsstrom
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Christine Hillsstrom
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35