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JUN 1 3 2017 S. YOUNG 17 JUN -9 # 8:51

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: One F/c	agler Cond	ominium	Association, Inc.
DOCUMENT NUMBER: N/S0000	7239		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Chistina De Castro)		
	(Name of Contact Perso	on)	
Newgard Development	Group Inc	•	
	(Firm/ Company)		
1300 Brickell Bay D	Rive Suite	400	
	(11001035)		
Hrom: El 33/31			
Miami, FL 33131	(City/ State and Zip Cod	le)	
•			
C de castro a nowgar of E-mail address: (4) be used	la chia com		
E-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please of			
Chistra De Castro	et et	305-93	8-5707
(Name of Contact Person)	(A	rea Code) (Day	8-5707 time Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Dep	eartment of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee &	□\$43 75 Filing Fee &	□\$52.50 Filing	r Fee
Certificate of Status	Certified Copy	Certificate of	
	(Additional copy is	Certified Cor	ру
	enclosed)	(Additional C	Copy is
		Enclosed)	
Mailing Address	Stree	Address	
Amendment Section		dment Section	
Division of Corporations Division of Corporations			3

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

, Articles of Amendment Articles of Incorporation of

N 1500000 7239		
	Sumber of Corporation (if	known)
ursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
. If amending name, enter the new name of the corp	oration:	
		The new
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	poration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u> 	FCC)	
rincipal office address MOST BE A STREET ADDR	<u></u>	
		基金 五
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Maning address (MAT BE AT UST UTFICE BUX)		<u> </u>
		en en
. If amending the registered agent and/or registered new registered agent and/or the new registered off		a, enter the name of the
Name of New Registered Agent:		:
New Registered Office Address:	(Florida street address)
	(City)	, Florida (Zip Code)
	(City)	(21) 3040)
ew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a		and a latin minum of the experience
narany accont the annountment as registered agent – i a	ım jamıttar with and accej	oi ine voligations of the position.

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: X Change X Remove X Add	<u>V</u> <u>Mike</u>	<u>a Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>V</u> _	Juan P. San Hartin Tr.	1300 Brickell Bay Dr.
Add			Suite 400
X Remove			Hiami, FL 33131
2) Change	5_	Barbara Salk	1300 Brickell Bay Dr.
Add			Suite 400
X Remove		,	Miami FL 33131
3) X Change	ST	Harvey Hernandez	1300 Brickell Bay Dr.
Add			Su:4e 400
Remove			Hiami, FL 33131
4) Change	<u>P</u>	Kouros Armandeh	14 NE 1st Avenue Suite 1401
_ X_ _ Add			Miami PC 3313/
Remove			
5) Change	<u> </u>	Uccio Zecchini	14 NE 1st Avenue, Suite 1401
<u></u> ★ Add			Miami, FL 33131
Remove			
6) Change			
Add			
Remove			

Ex If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)	geta) nere:		

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,				
				<u> </u>
			<u>.</u>	
		• •		
			****	1
			•	

The date of each amendment(s) adoption	May 9, 2017	, if other than the
date this document was signed.	•	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the	he amendment(s)
There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendme	ent(s) was/were
Dated May	24,2017	
Signature		
have not been selected other court appoint	r vice chairman of the board, president or other off cted, by an incorporator – if in the hands of a recei ted fiduciary by that fiduciary)	iver, trustee, or
<u>HUIVE</u>	(Typed or printed name of person signing))
Seco	etary / Treasurer (Title of person signing)	
	(i ide of person signing)	