

N94 000004901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

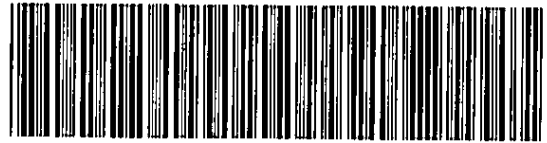
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 21 2021 04:15 PM

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2021 SEP -20 PM 4: 15  
SECRETARY OF STATE  
TALLAHASSEE, FL

MAILED

SEP 21 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 SEP 20 AM 11:31

July 20, 2021

LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC.  
18650 NE 28TH CT  
AVENTURA, FL 33166

SUBJECT: LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N94000004901

We have received your document for LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NON PROFIT CORP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 521A00016751

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Lincoln Towers Condominium Association, INC

DOCUMENT NUMBER: 194000004901

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

Please return all correspondence concerning this matter to the following:

Gustavo Cepeda

(Name of Contact Person)

C NERGY Property Management

(Firm/ Company)

18650 NE 28th CT.

(Address)

AVENTURA, FL 33180

(City/ State and Zip Code)

Lincolntowerscondo@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo Cepeda

(Name of Contact Person)

at 202-604-2746

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                          |                                                                        |                                                                                                     |                                                                                                                            |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address

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

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Lincoln Towers Condominium Association, Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N94000004401  
(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:**

NA 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**)

NA

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

NA

**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:**

NA  
Name of New Registered Agent: \_\_\_\_\_  
(Florida street address)

NA  
New Registered Office Address: \_\_\_\_\_  
(City) \_\_\_\_\_, Florida \_\_\_\_\_  
(Zip Code)

**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.

[Signature]  
Signature of New Registered Agent, if changing

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CLERK OF STATE  
TALLAHASSEE, FL

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |                                                                                                                  |          |                          |                                                                 |
|------------------------------------------------------------------------------------------------------------------|----------|--------------------------|-----------------------------------------------------------------|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add                                               | <u>T</u> | <u>Hoch, Ryan</u>        | <u>1300 Lincoln Rd (Office)</u><br><u>Miami Beach FL 33134</u>  |
| <input checked="" type="checkbox"/> Remove                                                                       |          |                          |                                                                 |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add                                    | <u>T</u> | <u>Senatore, Alex</u>    | <u>1300 Lincoln Rd (Office)</u><br><u>Miami Beach FL 33134</u>  |
| <input type="checkbox"/> Remove                                                                                  |          |                          |                                                                 |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>P</u> | <u>Scemama, Philippe</u> | <u>1300 Lincoln Rd (Office)</u><br><u>Miami Beach, FL 33134</u> |
| <input type="checkbox"/> Change<br><input type="checkbox"/> Add                                                  |          |                          |                                                                 |
| 4) <input checked="" type="checkbox"/> Remove                                                                    | <u>D</u> | <u>Libby, Ronald</u>     | <u>1300 Lincoln Rd (Office)</u><br><u>Miami Beach FL 33134</u>  |
| 5) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u> | <u>LORENZO, AIDA</u>     | <u>1300 Lincoln Rd (Office)</u><br><u>Miami Beach FL 33134</u>  |
| 6) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u> | <u>Polon, Irma</u>       | <u>1300 Lincoln Rd (Office)</u><br><u>Miami Beach FL 33134</u>  |

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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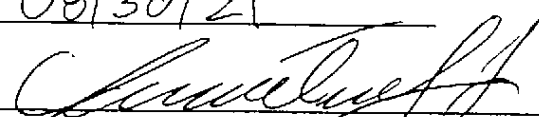


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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 08/30/21

Signature 

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

Gustavo Cepeda  
(Typed or printed name of person signing)

Operations Manager  
(Title of person signing)