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A. Butter

COVERLETTER

TO: Amendment Section Division of Corporations			
Oceana Bal Harbour NAME OF CORPORATION:	Condominium Asso		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing		
Please return all correspondence concerning this matter	er to the following:		
Pablo Arus			
	(Name of Contact P	erson)	
Oceana Bal Harbour Condo Assoc.			
	(Firm/ Compan	y)	
10203 Collins Ave			
	(Address)		
Bal Harbour, FL 33154			
	(City/ State and Zip	Code)	
assistantmanager@oceanabh.com			
E-mail address: (to be used	Hor Inture annual re	port notification	11)
For further information concerning this matter, please	· call;		
Pablo Arus	at	786	235-9241
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made po	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment

	Articles of Incorporation of	
Oceana Bal Harbour Condominium Association I	nc.	2021 SEP 20 PM 12: 44
(Name of Corporation as currently filed with th	e Florida Dept. of State)	
N13000010101		LEGRER Y OF STATE
(Docu	ment Number of Corporation (if ki	iown) INLLETTE SEET FL
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the wor	d "comparation" or "incorporated	The new
"Company" or "Co." may not be used in the nam		or me appreviation Corp. or me.
B. Enter new principal office address, if applies (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	
D. If amending the registered agent and/or regi		
new registered agent and/or the new register		enter the name of the
Name of New Registered Agent:	Harry Cadiz	
	10203 Collins Ave	
New Registered Office Address:	(Fle	orida sireet address)
	Bal Flarbour	, Florida 33154
	(City)	(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.

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 \neq Vice President; T \vdash Treasurer; S \vdash Secretary; D \vdash Director; TR \vdash Trustee; C \vdash Chairman or Clerk, CEO \vdash Chief Executive Officer; CFO \(\Rightarrow \text{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. Alike 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	PT John Do Y Mike Ja SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>x</u> Change Add	PTD	Joel Frank	10203 Collins Ave 2301
Remove			Bal Harbour, Ft. 33154
2) Change Add	<u>VD</u>	An Deshe	10201 Collins Ave 1702
Remove 3 Change Add Remove	<u>SD</u>	Monica Starosta	Bal Harbour, FL 33154 10203 Collins Ave 2202 Bal Harbour, FL 33154
4) Change Add	1)	Ira Kleinman	10201 Collins Ave 1201
Remove			Bal Harbour, Ft. 33154
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here; (Be specific)	

·		
The date of each amendment(s) adoption:date this document was signed.		, if other than the
8/11/21 Effective date if applicable:		
(no more than b	20 days after amendment file date)	

 \underline{Note} : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

25	adopted by the board of directors.
	Dated Signature Signature
	(By the chairman of 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 fracciary by that fiduciary) Joel Frank
	(Typed or printed name of person signing)
	President

(Title of person signing)