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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	BAY POINT PROPE	RTY OWNER'S AS	SSOCIATION,	INC.
	703456			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
DAYLI BETANCOURT				
	(Name of Contact Po	erson)	
FOWLER RODRIGUEZ, L	LP			
		(Firm/ Company	y)	
355 ALHAMBRA CIRCLE	E, SUITE 801			
		(Address)		
CORAL GABLES, FLORII	DA 33134			
	(City/ State and Zip	Code)	
DBETANCOURT@FRFIR	M.COM			
I	-mail address: (to be used	for future annual rep	ort notification	n)
For further information conc	erning this matter, please c	all:		
DAYLI BETANCOURT		at	786	364-8480
	(Name of Contact Person)	u,	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of	State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	3843.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address		64		

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BAY POINT PROPERTY OWNER'S ASSOCIATION, INC.

BAT POINT PROPERTY OWNER'S ASSOCIATION,	
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
703456	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	405 GATE LANE MIAMI, FL 33137
(Principal office address MUST BE A STREET ADDR.	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	405 GATE LANE MIAMI, FL 33137
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	ice aduress: CY TOWLE HUMPHREY
Name of New Registered Agent:	CT TOWER HOWETRET
4190	BAY POINT RD
New Registered Office Address:	(Florida street address)
MIA	.MI 33137
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: im familiar with and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,	
	Tray lake Kentr
	Signature of New Registered Agent, If shanging
	\mathcal{O}

Page 1 of 4

THE SECOND

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	PT V SV	John Doe Mike Jones Sally Smith	<u>S</u> <u>1</u>	
Type of Action (Check One)	Title	<u>N</u> :	ame	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		<u></u>		
Add				
Remove				
3) Change				
Add				
Remove				
4)Change				
Add		 <u>-</u>	-	
Remove				
5) Change				
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

(attach additional sheets, if necessary). (Be specific)				
Please correct the Treasurer's name from Fran Moseley to Frances Moseley				
Please update the address of the following officers from c/o Lynx Property Services, LLC 12485 SW 137 Ave., Ste. 309				
Miami, FL 33186 to 405 GATE LANE, MIAMI, FL 33137:				
JUAN E. SERRALLES - PRESIDENT UPDATED ADDRESS: 405 GATE LANE, MIAMI, FL 33137				
FRANCES MOSELEY - TRASURER UPDATED ADDRESS: 405 GATE LANE, MIAMI, FL 33137				
TRACY TOWLE HUMPHREY - SECRETARY UPDATED ADDRESS: 405 GATE LANE, MIAMI, FL 33137				
ELIZABETH B. WHALEN - VICE PRESIDENT UPDATED ADDRESS: 405 GATE LANE, MIAMI, FL 33137				

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

	2/13/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
2/	13/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	plock does not meet the applicable statutory filing requirements, this d Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of votes cast for the amendroval.	nent(s)
☐ There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/vectors.	were
Dated	11318	
Signature		
	airman or vice chairman of the board, president or other officer-if dire	
	been selected, by an incorporator - if in the hands of a receiver, truste	e, or
other cou	rt appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<u>—</u>
_0	(Title of person signing)	