108437

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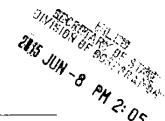
Mind 6.18.15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SKY LAKE	GARDENS NO.3, INC.,A CONDOMINUM	
DOCUMENT NUMBER:	708437	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
FRANK WOLLAND	(Name of Contact Person)	
	(Name of Contact i cison)	
LAW_OFFICES OF FRA	ANK WOLLAND, ESQ. (Firm/ Company)	
12865 WEST DIXIE	HIGHWAY, SECOND FLOOR (Address)	
	(Audiess)	
NODEL MIANT ELOPIDA	22161	
NORTH MIAMI, FLORIDA	(City/ State and Zip Code)	
TSEPTEMBRE@AOI		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
,		
E THOMAS SEPTEMBRE	at 305.899,8588	
(Name of Contact Person	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	•	
V		
\$35 Filing Fee \$\sum \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status	
Certificate of Status	(Additional copy is Certified Copy	
	enclosed) (Additional Copy is	
	Enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tatlahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



SKY LAKE GARDENS NO.	3, INC., A COND	OMINIUM
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State)
708437		
	nber of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
	N/A ·/·	The new
name must be distinguishable and contain the word "corporation or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N,	/A
1		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the
Name of New Registered Agent:	N/A	· ·
	(1	Florida street address)
New Registered Office Address:	Į į	Toriuu Sireel uuuressy
	•	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	od Agent:	
I hereby accept the appointment as registered agent. I am		et the obligations of the position.
•	N/A	
	Signature of New Regi	stered Agent if changing

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 John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	_D	CANO, ALEJANDRO	P.O.BOX 630545 MIAMI, FL 33163
2) Change Add	<u>T</u>	RIVERA, WILSON N	P.O. BOX 630545 MIAMI, FL 33163
X Remove 3) Change Add	ASST. T	PARKIN, GARETTE T	P.O. BOX 630545 MIAMI, FL 33163
X Remove 4) Change Add X Remove	D	_VALENCIA, LUIS	P.O. BOX 630545 MIAMI, FL 33163
5) Change _X Add	<u>s/</u> D_	SUAREZ, MARGOTH	P.O. BOX 630545 MIAMI, FL 33163
Remove 6) Change X Add Remove	A SST. T/D	TURNER, CAROLINE	P.O. BOX 630545 MIAMI, FL 33163

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)

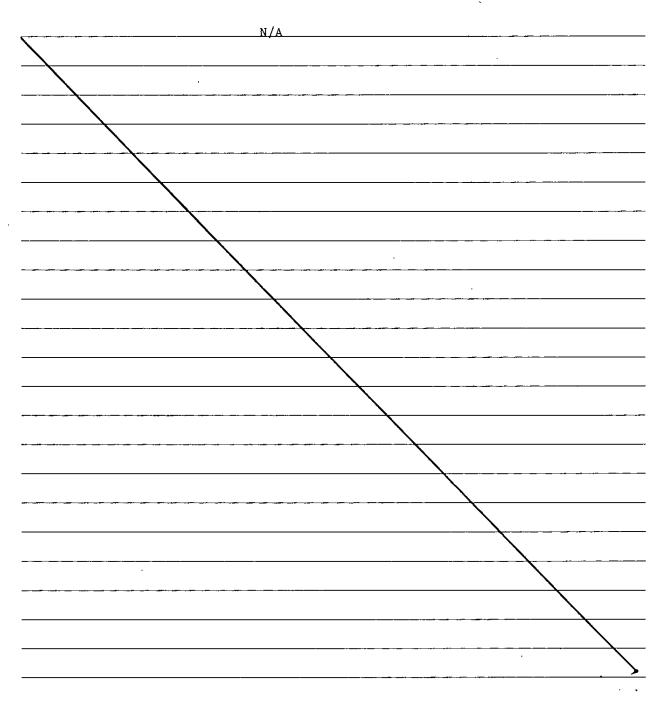
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Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change X _ Add Remove	A <u>SST.S</u> /D	PRESCOTT, ALVIN	P.O. BOX 630545 MIAMI, FL 33163
2) Change Add		N/A	
Remove 3) Change Add		N/A	
Remove 4) Change Add		N/A	
Remove 5) Change Add		N/A	
Remove 6) Change Add		N/A	
Remove			,

E.	If amending or adding additional Ar	ticles, enter change(s) here:
	(attach additional charte if magazzami)	(Ra specific)



Page Yof 5

The date of each amendment(s) adoption: date this document was signed.	N/A	, if other than the
Effective date <u>if applicable</u> :	N/A	
(no me	ore than 90 days after amendment file date,)
Note: If the date inserted in this block does not redocument's effective date on the Department of S		nents, this date will not be listed as the
Adoption of Amendment(s) (CHI	CCK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for	the amendment(s)
There are no members or members entitled to adopted by the board of directors.	o vote on the amendment(s). The amendm	ent(s) was/were
Dated 6-5-200	<u>'S</u>	
Signature 11/9cber	to Calvo.	
	chairman of the board, president or other of by an incorporator – if in the hands of a reco uciary by that fiduciary)	
	RIGOBERTO CALVO	
	(Typed or printed name of person signing	g)
	PRESIDENT / DIRECTOR	
	(Title of person signing)	