7/2580

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATIONS
ONVISION OF CORPORATIONS
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NOV 0 7 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 252 JEFF	ERSON CON	IDOMINIUM, INC.
DOCUMENT NUMBER: 712580		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
FRANK BLANCO		
	(Name of Contact Person)
FRANMAR MANAGEME	ENT SERVI	CES, INC.
	(Firm/ Company)	
3550 BISCAYNE BLVD.	STE 210	
	(Address)	
MIAMI, FL 33137		
	(City/ State and Zip Code	9)
CUSTOMERSERVIC	CE@FRANMA	ARMGMT.COM
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
FRANK BLANCO	_{at (} 786	206-0452 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



252 JEFFERSON CONDOMINIUM, INC

202 DELL'ELGON CONDOM		
(Name of Corporation as currently filed wit	th the Florida Dept. of	f State)
712580		
(Document Number	of Corporation (if know	vn)
ursuant to the provisions of section 617.1006, Flori mendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florid</i>	a Not For Profit Corporation adopts the following
. If amending name, enter the new name of the	corporation:	
ame must be distinguishable and contain the word	"corporation" or "inc	The ne
Company" or "Co." may not be used in the name		portained of the doorer allion corp. W The.
F 4		
 Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AL</u> 		<u> </u>
Market and the state of the sta		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
	-	
. If amending the registered agent and/or regist	ered office address in	Florida, enter the name of the
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent:		
		·
New Registered Office Address:	(Florida street a	ddress)
<u> </u>		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Re	egistered Agent:	
hereby accept the appointment as registered agent.	l am familiar with an	nd accept the obligations of the position
	<i>y</i>	,β
Signature of N	lew Registered Agent, i	f 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	LUISA GOMEZ	3550 BISCAYNE BLVD. STE 210
Add			MIAMI, FL 33137
Remove			
2) Change	TD	SAMAR SLEIMAN	3550 BISCAYNE BLVD. STE 210
X Add			MIAMI, FL 33137
Remove			
3) X Change	SD	RIMA SLEIMAN	3550 BISCAYNE BLVD. STE 210
Add			MIAMI, FL 33137
Remove			
4) X Change	D	WAGNER DE SOUZA	3550 BISCAYNE BLVD. STE 210
Add			MIAMI, FL 33137
Remove			
5) X Change	D	ROCHELLE MARCUS	3550 BISCAYNE BLVD. STE 210
Add			MIAMI, FL 33137
Remove			
6) Change	TD	EVELINE ABPLANALP	3550 BISCAYNE BLVD. STE 210
Add			MIAMI, FL 33137
X Remove			

f amending or add utach additional sh	eets, if necessary).	(Be specific)				
						
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	<u>, </u>				_	

The date of each amendment(s) adoption:				
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)			
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were			
Dated OCTOBE	R 30, 2012			
have not been se	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)			
LUISA GOME	ΞZ			
PRESIDENT	ped or printed name of person signing)			
(Ti	tle of person signing)			

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