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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | | OMINIUM ASSOCIA | ATION, INC | | |
|-------------------------------|---|--|----------------------|--|--------------|
| DOCUMENT NUMBER: | 717809 | | | | |
| The enclosed Articles of An | nendment and fee are sub | mitted for filing. | | | |
| Please return all corresponde | ence concerning this matt | ter to the following: | | | |
| CATALINA LEIBOWITZ | | | | | |
| | | (Name of Contact P | erson) | | |
| BAY ROC CONDOMINIU | JM ASSOCIATION, INC | D. | | | |
| - | | (Firm/ Compan | y) | | |
| 9180 W. BAY HARBOR [| DR. PHC | | | | |
| | | (Address) | | | |
| BAY HARBOR ISLANDS | , FL 33154 | | | | |
| , | | (City/ State and Zip | Code) | | |
| CATALINA.LEIBOWITZ@ | DYAHOO.COM | | | | |
| T: | E-mail address: (to be use | d for future annual re | port notifica | tion) | |
| For further information cond | perning this matter, please | e call: | | | F3 (|
| CATALINA LEIBOWITZ | | at | 786 | 5530163 | |
| | (Name of Contact Persor | | (Area Code | c) (Daytime Telepho | ne Number) 1 |
| Enclosed is a check for the f | following amount made p | 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) | Cer is Cer (Ac | 2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed) | |
| 39 attion A | | C. | | | |

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

BAY ROC CONDOMINIUM ASSOCIATION, INC.

| (Name of Corporation as currently filed with the Flo | orida Dept. of State) |
|--|--|
| 717809 | |
| (Document | Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida 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 co | rporation: |
| | The new orporation" 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 ADD | RESS) |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | w <u>U/A</u> |
| | |
| D. If amending the registered agent and/or registered | ad office address in Florida, enter the name of the |
| new registered agent and/or the new registered of | |
| Name of New Registered Agent: | U/A |
| New Registered Office Address: | (Florida street address) |
| New Registered Office Address. | |
| | City) , Florida (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent. | stered Agent: I am familiar with and accept the obligations of the position. |
| | |
| | Signature of New Registered 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 Do V Mike Jo SV Sally Sr | <u>nes</u> | |
|-----------------------------------|--|--|---|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add X Remove | <u>s</u> | RAFAEL BARROS | 9180 W. BAY HARBOR DR. 3C BAY HARBOR ISLANDS, FL 33154 |
| 2) Change Add | <u>P</u> | YAYA LEGRAND | 9180 W. BAY HARBOR DR 2B BAY HARBOR ISLANDS, FL 33154 |
| X Remove 3) Change Add X Remove | <u>D</u> | YAYA LEGRAND | 9180 W. BAY HARBOR DR 2B BAY HARBOR ISLANDS, FL 33154 |
| 4) Change Add | <u>D</u> | SHELDON WEISS | 331 Maitland Ave Teaneck, NJ 07666 |
| Remove 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |
| | | cles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption: | FEBRUARY 11, 2020 | | if athoughough |
| The date of each amendment(s) adoption: | | | _, ii other man the |
| date this document was signed. | | | |
| | | | |
| Effective date if applicable: | o more than 90 days after amendment | | |
| - (n | o more than 90 days after amendment | file date) | |
| • | | - / | |
| Note: If the date inserted in this block does | not meet the applicable statutory filing | g requirements, this date will not l | he listed as the |
| document's effective date on the Departmen | t of State's records | 5 requirements, and date will not t | or more as the |
| document a effective date on the Departmen | tor state s records. | | |
| | | | |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

| | MARCH 16TH, 2020 |
|---------|--|
| Dated | |
| Signatu | |
| | (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) |
| | CATALINA LEIBOWITZ |
| | (Typed or printed name of person signing) |

(Title of person signing)