717849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 25 AM 8:48

Amend
10/25/10

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2010

CRESTVIEW TOWERS
2025 NE 164TH STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT: CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 717849

We have received your document for CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The new registered agent signature must be an original. Photo copies of signatures are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 510A00019873

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2010

CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.
2025 N.E. 164TH STREET
NORTH MIAMI BEACH, FL 33162

SUBJECT: CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 717849

We have received your document for CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies of signatures are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00018825

## COVER LETTER

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** Crestview Towers Condominium Association Inc.

**DOCUMENT NUMBER:** 717849

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norman Axelman
(Name of Contact Person)

(Firm/ Company)

2025 NE 164 Street - Condo office
(Address)

N. Miami Beach, FL 33162
(City/ State and Zip Code)

crestview@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman Axelman at ( 305 ) 945-8004
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State: See attached letter

☐ $35 Filing Fee

☐ $43.75 Filing Fee & 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
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**

Crestview Towers Condominium Association, INC.
**(Name of Corporation as currently filed with the Florida Dept. of State)**

717 849
(Document Number of Corporation (if known)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 25 AM 8:48

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

_____

*The new name must be distinguishable and contain the word "corporation" 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 ADDRESS )***

_____

_____

**C. Enter new mailing address, if applicable:** _____
***(Mailing address MAY BE A POST OFFICE BOX)***

_____

_____

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* _____

_____
*New Registered Office Address:* *(Florida street address)*

_____, Florida_____
*(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.*

_____
*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)*

| Title | Name | Address | Type of Action |
|---|---|---|---|
| Pres | Yana Yemelyanova | 2025 NE 164 Street #818 N. Miami Beach, FL 33162 | ☑ Add ☐ Remove |
| Director | Marcelo Storch | 2025 NE 164 Street #1006 N. Miami Beach, FL 33162 | ☑ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

**E. If amending or adding additional Articles, enter change(s) here:**
*(attach additional sheets, if necessary). (Be specific)*

**The date of each amendment(s) adoption:** 10/18/10
*(date of adoption is required)*

**Effective date if applicable:** 10/18/10
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s)** **(CHECK ONE)**

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

☑ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/21/10

Signature _____
(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)

Norman Axelman
(Typed or printed name of person signing)

Treasurer
(Title of person signing)