123674

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(0	ity/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(B	lusiness Entity Name	e)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	Condominium Association, Inc.
723674	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Francisco Rey	
	(Name of Contact Person)
FGR Property Management, Inc	
	(Firm/ Company)
6721 SW 159 Place	
	(Address)
Miami, FL 33193	
	(City/ State and Zip Code)
fgrmanagementinc@gmail.com	
E-mail address:	(to be used for future annual report notification)
For further information concerning this ma	tter, please call:
Francisco Rey	786-521-3146 at
(Name of Con	
Enclosed is a check for the following amou	ant made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Files	ling Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BELMAR CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) 723674

(Documen	t Number of Corporation (i	f known)	-
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not</i>	For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the co	rporation:		
	11 16	. ID . J. 11	The new
name must be distinguishable and contain the word "c <u>"Company" or "Co." may not be used in the name.</u>	orporation or incorpora	led for the abbreviation "(Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
			700
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)		
			· · · · · · · · · · · · · · · · · · ·
			بب
D. If amending the registered agent and/or register	ed office address in Floric	la, enter the name of the	, U
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		(Florida street address)	· · · · · · · · · · · · · · · · · · ·
		, Florida	
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.		pt the obligations of the po	sition.
	Signature of New Reg	istered 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	<u>V</u> <u>N</u>	ohn Doe <u>like Jones</u> ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Eduardo Herrero	419 NE 19 Street Unit 403
Add			Miami, FL 33132
X Remove			
2) Change	T	Lourdes Herrero	419 NE 19 Street Unit 403
Add			Miami, FL 33132
X Remove			
3) Change	<u>T</u>	Massimo Pizziol	419 NE 19 Street Unit 503
X Add			Miami, FL 33132
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change	D	Thomas Wagner	419 NE 19 Street Unit 502
Add			Miami, FL 33132
X Remove			
5) Change	<u>s</u>	Mary Behr	419 NE 19 Street Unit 502
Add			Miami, FL 33132
X Remove			
6) X Change	vs	Leopoldo Colon	419 NE 19 Street Unit 401
Add			Miami, FL 33132
Remove			

E. If amending or adding additional	Articles, enter chang	e(s) here:			
E. If amending or adding additional (attach additional sheets, if necessar	y) (Be specific)				
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	e date of each amendment(s) adoption: 2/25/16 , if other than the e this document was signed.
Eff	ective date if applicable: (no more than 90 days after amendment file date)
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.
Ado	option 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.
	Signature Head a (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) Leopoldo Coloh (Typed or printed name of person signing) (Title of person signing)
	(Title of person signing)