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(Constant News)
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corp	orations			
NAME OF CORPO	ration: West A	ve Condomin	num loc	
DOCUMENT NUM	ber: <u>7<i>3</i>5025</u>		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles	of Amendment and fee are so	ubmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Rdberto	Name of Contact Perso		
		Name of Contact Perso	n	
	West Ave C	Firm/ Company	Inc	
	1580 West	Ave \$205		
	Miami Beac	City/ State and Zip Cod	139	
	e			
	arkitekts @	aol.com		
	E-mail address:	(to be used for future annual	l report notification)	
For further information	n concerning this matter, plea	se call:		
Roberto	Gamback of Contact Person	at (786	, 201 - 7773	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
\$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)	
Ame Divis	ling Address ndment Section sion of Corporations Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301



August 18, 2017

ROBERTO GAMBACH 1580 WEST AVE #205 MIAMI BEACH, FL 33139

SUBJECT: WEST AVE. CONDOMINIUM, INC.

Ref. Number: 725025

We have received your document for WEST AVE. CONDOMINIUM, 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):

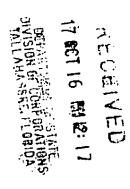
You have submitted the wrong form. Not for profit corporations cannot file articles of amendment to become a profit benefit corporation. Please see the enclosed information the and appropriate form for not for profits to file articles of amendment.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 417A00017025



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WEST	AVE CONDOMINIUM INC			
DOCUMENT NUMBER: 72501	25			
The enclosed Articles of Amendment and fee are subr				
Please return all correspondence concerning this matte	er to the following:			
PARTOTO \	MIRAPH			
ROBERTO J. G	(Name of Contact Person)			
,				
	(Firm/ Company)			
10° 0 - 11 1 1.	+705			
1580 WEST AV	(Address)			
	(Table 13)			
MIAMI BENCH	FL 33139			
MIAMI BEACH	(City/ State and Zip Code)			
Am.,,	141 / 614			
ARKITEKTS @	I for future annual report notification)			
For further information concerning this matter, please	call:			
B. 2	305 866 4700			
Name of Contact Person				
,				
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:			
	□\$43.75 Filing Fee & □\$52.50 Filing Fee			
Certificate of Status	Certified Copy Certificate of Status (Additional copy is Certified Copy			
	enclosed) (Additional Copy is			
	Enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
F.O. BOX 6327 Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 OCT 16 AH 10: 57

(Name of Corporatio	on as currently filed with the Florida Dept. of State
72502	_
	ument Number of Corporation (if known)
	•
rsuant to the provisions of section 617,1006, FI	lorida Statutes, this Florida Not For Profit Corporation adopts the following
nendment(s) to its Articles of Incorporation:	
If amending name, enter the new name of the	he corporation:
N/A	The new
me must be distinguishable and contain the wo	The new ord "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the nar	me.
Enter new principal office address, if applic rincipal office address <u>MUST BE A STREET</u>	cable:
metput office address proof the feet the	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	<u>E BOX</u>)
	•
to the second of	gistered office address in Florida, enter the name of the
new registered agent and/or the new regist	tered office address:
·	
Name of New Registered Agent	1580 WEST AVE #205
•	1580 WEST AVE #205
106	(Florida street address)
<u>New Registered Office Addres</u>	
	MAHI BEACH Florida 3313 (City) (Zip Code)
	(City) (Zip Code)
ew Registered Agent's Signature, if changing	a Registered Agent
ew Registered Agent's Signature, il changing bereby accept the appointment as registered ag	gent. I am familiar with and accept the obligations of the position.
and the second of the second o	
	K-Flambach

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 Y Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add 	4/6	MORIA DEL CARM ROBERTO	EN 1580 WESTAVE #305 MIAMI BECH FL 33139
2) Change Add Remove	P	ERIC FIESEL	1580 WEST AVE #508 MIAMI BEACH FL 33139
3) Change X Add Remove	VP	PIZHARD ME LOA	MICK 1580 WEST AVE #40 MIANI BEACH FL 33139
4) Change Add Remove	<u>T/5</u>	ROBERTO SAMBAC	H IBO WEST AVE # MIAMI BEACH FL 33139
5) Change Add Remove			
6) Change Add Remove			

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)							
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	of each amen	dment(s) adoptic	on: JULY	25	,2017		, if other than the
	date <u>if appli</u>	_	(no more than 90 days	25 s after ame	2017 ndment file date)		
<u>Note:</u> If documen	the date insert i's effective da	ed in this block do tte on the Departn	oes not meet the applica ment of State's records.	ble statutoi	y filing requirement	s, this date will not	be listed as the
Adoptio	of Amendm	ent(s)	(CHECK ONE)				
) was/were adopte a for approval.	d by the members and the	he number	of votes east for the	amendment(s)	
		bers or members of ard of directors.	entitled to vote on the ar	mendment(s). The amendment(s) was/were	
	Dated	Ava	UST 9,2	017	ı		
	Signature		15970	anse	eel-		
		have not been se	or vice chairmen of the lected, by an incorporat inted tiduciary by that t	or – if in tl	sident or other office he hands of a receive	graif directors gr, trustee, or	
		<u>ho</u>	OENTO J (Typed or pri	inted name	AMBACI of person signing)	₩	
			TAEASUR	Fitle of per	Son signing)	TARY	