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COVER LETTER

TO: Amendment Section Division of Corporations LAKEWOOD ON THE GREEN CONDOMINIUM 2 ASSOCIATION, INC NAME, OF CORPORATION: 728259 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joan Newman (Name of Contact Person) Blue Crest Management LLC (Firm/ Company) 2962 Trivum Circle, STE 203 Fort Lauderdale, FL 33312 (City/ State and Zip Code) admin@bluecrestmanagement.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joan Newman (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed)

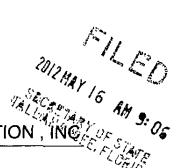
Mailing Address

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

Enclosed)

Articles of Amendment Articles of Incorporation



LAKEWOOD ON THE GREEN CONDOMINIUM 2 ASSOCIATION,

(Name of Corporation as cur	rently filed wi	ith the Florida	Dept. of State)
	72	8259	

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat	006, Florida Statute	es, this <i>Florida Not For</i>	Profit Corporation adopts	he following
A. If amending name, enter the new na	me of the corporati	on:		The second
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporat	lion" or "incorporated"	or the abbreviation "Corp	The new ." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		c/o Blue Crest Management, LLC		
) 2962 Trivium Circle, STE 203		
		Fort Lauderda	ale, FL 33312	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o Blue Crest Management, LLC		
		2962 Trivium Circle, STE 203		
		Fort Lauderdale, FL 33312		
D. If amending the registered agent and new registered agent and/or the new	l/or registered office a	e address in Florida, e	nter the name of the	_
Name of New Registered Agent:	Blue Crest I	Management, I	LC	
	2962 Triviu	m Circle, STE	203	
New Registered Office Address:	-	(Florida street address)	 _	
	Fort Lauderdale ,Flo		, Florida 33312	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			ne obligations of the positio	n.
Sign	nature of New Regist	tered 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	<u>PT</u>	John Doe	2	•	
X Remove	<u>v</u>	Mike Jor	nes		
X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) X Change Add Remove	Р		Paul Scarpitta	 c/o Blue Crest Management, LLC 2962 Trivium Circle, STE 203 Fort Lauderdale, FL 33312	_
2) <u>X</u> Change Add Remove	Т	_	Heath Abramowitz	 c/o Blue Crest Management, LLC 2962 Trivium Circle, STE 203 Fort Lauderdale, FL 33312	_
3) X Change Add Remove	S		Deboran Jones	 c/o Blue Crest Management, LLC 2962 Trivium Circle, STE 203 Fort Lauderdale, FL 33312	_
4) Change Add Remove					_
5) Change Add Remove		-			_
6) Change Add Remove	<u></u>				_

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
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The date of each amendment	(s) adoption: 03/29/2012
Effective date if applicable:	03/29/2012
Encenve date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/w was/were sufficient for ap	pere adopted by the members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of adopted.	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Paul Scarpitta
	(Typed or printed name of person signing)
	President
 	(Title of person signing)