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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: Fox chase Condominium Nº 3 Association, INC
DOCUMENT NUMBER: _	753719
The enclosed Articles of Ame	indment and fee are submitted for filing.
Please return all corresponden	nce concerning this matter to the following:
	Juse Romero
	(Name of Contact Person)
	Fox Chase ConDominium
	8605 NW 8 ST (Address)
	(Address)
	Miami, FL 33126 (City/ State and Zip Code)
11-1-1	(City/ State and Zip Code)
Romenoulu	ero @ Yahoo. Com
	nail address: (to be used for future annual report notification)
For further information concer	rning this matter, please call:
	Remero at (305) 336-2272 Name of Contact Person) (Area Code) (Daytime Telephone Number)
()	Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the fol	llowing amount made payable to the Florida Department of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & \$\subseteq\$\$\$\$ \$43.75 Filing Fee & \$\subseteq\$\$\$ \$\$ \$Certificate of Status & \$Certificate of Status & \$Certificate of Status & \$Certified Copy & \$Certifie
Mailing Ad	dress Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 31, 2019

JOSE ROMERO 8605 NW 8 STREET MIAMI, FL 33126

SUBJECT: FOX CHASE CONDOMINIUM NO. 3 ASSOCIATION, INC.

Ref. Number: 753719

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page 3 is missing.

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

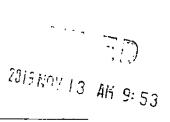
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00022500

Claretha Golden Regulatory Specialist II

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Articles of Amendment to Articles of Incorporation of



(Document Number of		ASSOCIATION.	Tuc
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	Corporation (if kn		
617,1006, Florida Statutes, thi rporation;	s Florida Not Foi	Profit Corporation adopts th	e following
ew name of the corporation:			
			The new
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<u>EA STREET ADDRESS</u>) ————————————————————————————————————	Mie	omi, Fl 33	126
applicable: OST OFFICE BON)	N/A		
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<u>)ffice Address</u> :	,	· · · · · · · · · · · · · · · · · · ·	
^	<u>liami</u>	, Florida	33 26
(C	îty)	(Zip Code)	
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Signati	ure of New Registe	rred Agent, if Stanging	
	rew name of the corporation: contain the word "corporation" sed in the name. ress, if applicable: EASTREET ADDRESS applicable: OST OFFICE BOX) ont and/or registered office addresistered Agent: Office Address: (Contain the word "corporation" sed in the word "corporation"	rew name of the corporation: contain the word "corporation" or "incorporated seed in the name. ress, if applicable: EASTREET ADDRESS) Applicable: OST OFFICE BON Int and/or registered office address in Florida, e new registered office address: istered Agent: Sonta City Int changing Registered Agent: registered agent. I am familiar with and accept of the corporation of the corporation of the corporation of the corporation.	rew name of the corporation: antoin the word "corporation" or "incorporated" or the abbreviation "Corp" and in the name. ress, if applicable: EASTREET ADDRESS) MIDMIN, FL 33 applicable: OST OFFICE BOS) N/A Int and/or registered office address in Florida, enter the name of the enew registered office address: SONID LUCIA POREZ (Florida street address) MIDMIN Florida (City) Florida (Zip Code)

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 II V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	$\mathcal{P}\mathcal{D}$	Penez Henry	8625 NW 8 ST # 217
Add		}	Miami FL
Remove			3314
2) Change	VPD	Fernandez Octavio	8635 NW 85T#420
Add		_	Miami Fl
X Remove			33126
3.) Change	PD	PEREZ SONIA WCIA	8625 NW 85T \$217
Add		-	Miami Fl 33126
Remove			
4) Change	517	Alegnia Maylyn	8625 NW 85T #319
X Add		-	Miami Fl 33126
Remove		_	
5) X Change	YPD	Prieto JUA E	8625 NW8ST
Add		-	世 921
Remove			Miami Fl 33126
6) Change			
Add		-	
Remove		_	

(a <i>ttoci</i>	ding or adding additional Articles, enter change(s) here: ddinonal sheets, if necessary) — (Be specific)	
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Page 3 of 4

The date of each amendment(s) adding	option:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date vartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE)</u>	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes east for the amendment.	(s)
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	:
Dated	5 14 2019	
Signature		
have not bee	nan or vice chairman of the board, president or other officer-if director in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	'S
·	JONIA L. PEREZ, PD (Typed or printed name of person signing)	_
	(Typed or printed name of person signing) (Title of person signing)	_
	(True or person signing)	