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(Danuarior Nama)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	CONDOMINIUM AS:	SOCIATION	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
LEGNE LIMA			
	(Name of Contact Per	son)	-
BLUE DIAMOND CONDO			
	(Firm/ Company)		<u>-</u>
4779 COLLINS AVENUE			
	(Address)		<del>-</del> -
MIAMI BEACH, FL 33140			
	(City/ State and Zip C	ode)	
LLIMA@BLUEGREENDIAMOND.NET			
E-mail address: (to be use	ed for future annual repo	rt notificatio	n)
For further information concerning this matter, pleas	se call:		
LEGNE LIMA	at		672-4779 EXT I
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BLUE DIAMOND CONDOMINIUM ASSOCIATION

(Name of Corporation as currently filed with the Flor	ida Dept. of State)	<u>.</u> ?: i)
N00000002247		
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts	s the following
A. If amending name, enter the new name of the corp	ooration:	
N/A		The new
name must be distinguishable and contain the word "cor" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS)	
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent:		
same of New Negistered Agent.		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code,	<del>)</del>
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		on.
•	* * *	
	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)

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	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	CLAUDIA CASTANO	4779 COLLINS AVENUE MIAMI BEACH, FL 33140
Remove			<del></del>
2) × Change Add	<u>D</u>	PHIL SIEBERT	4779 COLLINS AVENUE MIAMI BEACH, FL 33140
Remove 3 ) X Change Add Remove	<u>VP</u>	JACK SCHWARCZ	4779 COLLINS AVENUE MIAMI BEACH, FL 33140
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or additional she		Articles, enter change(s) here: (b) (Be specific)	
PLEASE CONFIRM TI	IE OTHER TW	O BOARD MEMBERS ARE ACTIVE A	AND CORRECT:
ANDREW KANE - SEC	CRETARY		
ASH SAHI - TREASUR	RER		
	<u> </u>	<del></del>	
TOTAL OF 5 BOARD 3	MEMBERS, ON	NLY 3 CHANGED POSITIONS.	

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The date of each amendment(s) adoption: date this document was signed.	12/16/2020			<del></del>	, if other than the
Effective date if applicable:					
intective date <u>n applicable</u> : (no	o more than 90 days a	tter amendment fi	le date)		
Note: If the date inserted in this block does not document's effective date on the Department	not meet the applicable			his date will not	be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

Dated	12/16/2020
Signatur	Claudia Castaño
ý	(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)
	CLAUDIA CASTANO
	(Typed or printed name of person signing)

(Title of person signing)