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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: KEY BISCAYNE RETAIL COMOMINIUM ASSOCITAC
DOCUMENT NUMBER: NO100004986
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
KB. RETAIL COLOR ASSOC CO FIRC GRUP. (Firm/ Company)
2665 5 BAYSHURE DELLE SUITE 300
COCONUT GRAE FL 33133 (City/ State and Zip Code)
RQUINTANA @ FIRE GRUP (OM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROXANA QUINTANA at (305) 631-7226 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is Enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KEY BISCATAE RETAIL CONDOMINIUM ASSOCIATION INC

(Name of Corporation as curr	rently filed with th	e Florida Dept. of State	<u>e</u>)		
N010000C	24986				
(Document Nu	mber of Corporatio	n (if known)			
Pursuant to the provisions of section 617,1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida i</i>	Not For Profit Corporati	ion adopts the	: follo	wing
A. If amending name, enter the new name of the corpor	ration:				
				_The	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorp	oorated" or the abbrevia	tion "Corp."	or "In	ıc. "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
				10	
		-	5.	001	٠٢. —
D. If amending the registered agent and/or registered o	office address in Fl	orida, enter the name o	of the	-1	
new registered agent and/or the new registered offic		orda, enter the frame o	:	77.	
Name of New Registered Agent:			.2 Ge	ည်	,
			35.5	16	
New Registered Office Address:	•	(Florida street address)			
		Flo	orida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Register					
l hereby accept the appointment as registered agent. I am	familiar with and a	accept the obligations of	the position.		
	Signature of New	Registered Agent, if cha	nging		—

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	\overline{V} Mik	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>PD</u>	ANTONIO C FRAGA	SUITE 302 CUCAUT GROW, FL 33133
2) Change Add Remove	PD	ALEXANDE W FRAGA	SUITE 302 CUINTERNE TO 33133
3) Change Add Remove			19 007
4) Change Add Remove			17 PH 5: 16
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be specif	fic)	
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	Page 3 of 4	1 5: 16
		<u> </u>

* * * * * * * * * * * * * * * * * * *		
The date of each amendment(s) addate this document was signed.	doption:, if other	r than th
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.	is the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
☐ There are no members or membadopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	0/4/9	
Signature	SINS.	
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	HICHAZI RUBIN	
	(Typed or printed name of person signing)	
	SECRETALY	
	(Title of person signing)	