NOZO LO DO 100

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Name	e)
(Docu	ument Number)	
Certified Copies	Certificates (of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500313423925

05/21/18--01030--014 **35.00

SECRETARY OF STATE

Amind

MAY 23 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Curporations

NAME OF CORPORATION: Lake Tower Condom	inium Association ILC
DOCUMENT NUMBER: N 02000000 TOO	
The enclosed Articles of Amendment and fee are submitted for filing	
Please return all correspondence concerning this matter to the following	ng:
will Hernandez	
(Name of Cont	act Person)
(Firm/ Cor	mpany)
765 Crandon Blud	
(Addre	ess) ,
Key Biscaure, FL 33149	•
City/ State and	l Zip Code)
Canton ege anclub ku hiseaune) E-mail address: (to be used for future annu	.org
For further information concerning this matter, please call:	ar report notification)
	at <u>305-</u> <u>365-3822</u>
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	orida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Certificate of Status Certified Co (Additional cenclosed)	py Certificate of Status copy is Certified Copy
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

. Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with t	he Florida De	ept, of State)	
N 0 200	0000700			
	Number of Corporation	on (if known)		· -
ursuant to the provisions of section 617,1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Not For Profi	it Corporation adopts	the following
If amending name, enter the new name of the cou	rporation:			
				The new
me must be distinguishable and contain the word "co Company" or "Co." may not be used in the name	orporation" or "incor	porated" or th	he abbreviation "Corp	o " or "Inc."
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD 				
			7	SE SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	0		<u> </u>	CR. F
				7
				m ²
		-		THE THE
If amending the registered agent and/or registere		lorida, enter	the name of the	LOP STA
new registered agent and/or the new registered o	ffice address:			67
Name of New Registered Agent:				
		(Florida str	eel address)	
New Registered Office Address:				
			, Florida (Zip Code)	
	(City)		(Zip Code)	
w Registered Agent's Signature, if changing Regis				
ereby accept the appointment as registered agent. I	am familiar with and	accept the obl	ligations of the positio	n.
	6: 51	n	. 12 f	
	Signature of New	Registered A	geni, 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones Ilv Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Jerold Levine	765 Gandar Blood
Add _★Remove			Unit 502 Key Biseaure, FL 33149
2) Change	<u>P</u>	Robert Einhorn	765 Crandon Blid
_ X Add Remove	S	Fausto Gionez	What PH8 Key Bisaayne, FL3344 765 Crandon Blud
3) Change Add	<u> </u>	140510 Chine	Unit PHIO Key Biscaure, FL 33149
Remove 4+ Change Add	T	Hernan Rodriguez	765 Crandon Blud Unit 605
Remove			Kuy Biscayne , FL 33149
5) Change Add			
Remove			
6) Change Add			
Remove			

ttach additional sheets, if necessary)	(Be specific)
 · · · · · · · · · · · · · · · · · · 	
	<u> </u>
- -	
 .	
	

The	: date of each amendment(s) adop	tion:	$_{}$, it other than the
date	this document was signed.		
Effe	ective date <u>if applicable</u> :	April 26/2018	
		tno more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will netment of State's records.	ot be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
1 2	The amendment(s) was/were adop was/were sufficient for approval.	ited by the members and the number of votes east for the amendment(s)	
	There are no members or members adopted by the board of directors.	s entitled to vote on the aniendment(s). The amendment(s) was/were	
	Dated Hay I	0, 2018	
	Signature	774M. Z.	
	have not been	on or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed (iduciary by that fiduciary)	
		Ribi-l' E.nhin	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	