N03000008151

(Re	equestor's Name)	<u> </u>
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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DIVISION OF CORPORATION

14 SEP 12 PM 3: 23

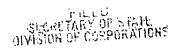
C.Lewis 14

COVER LETTER

TO: Amendment Section Division of Corporations	*1 **	*	* * *
NAME OF CORPORATION:	CHID CONDO	MUININ	ASSOCIATION, INC.
DOCUMENT NUMBER: NO30	000008157		
The enclosed Articles of Amendment a	and fee are submitted for fi	ling.	
Please return all correspondence conce	rning this matter to the foll	owing:	
Jessica Mahadeo			
	(Name of C	Contact Person)
Blue Crest Manag	gement LLC		
		Company)	
2962 Trivium Circ	le, Suite 203	3	
	(A	ddress)	
Dania Beach, FI 3	3312		
	(City/ State	and Zip Code)
admin@blu	uecrestmana	gemer	nt.com
E-mail addr	ess: (to be used for future a	innual report n	otification)
For further information concerning this	matter, please call:		
Jessica Mahadeo	at	,954	745-0899
(Name of Contact Perso	at	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following at	mount made payable to the	Florida Depar	tment of State:
	5 Filing Fee & \$\sum \$\\$43.75 F\ cate of Status Certified (Addition enclosed	Copy tal copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Street A	
Amendment Section Division of Corporati	ions	Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 3231	4	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



ORCHID CONDOMINIUM ASSOCIATION, INC.

14 SEP 12 PM 3: 24

(Name of Corporation as currently filed with the Florida Dept. of State) N03000008157

(Doct	ıment Number of Co	rporation (if known)		_
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		s, this <i>Florida Not For</i>	Profit Corporation adopts the	ne followir
A. If amending name, enter the new na	me of the corporation	on:		
		. <u>.</u>		The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated"	or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, i (Principal office address MUST BE A ST				_
				_
C. Enter new mailing address, if applie				_
				-
D. If amending the registered agent and new registered agent and/or the new			nter the name of the	
Name of New Registered Agent:	Blue Crest N	Management ,	LLC	
	2962 Triviu	m Circle, Suite	203	
New Registered Office Address:	(Florida street address)		
	Dania Beac	h	, Florida 33312	
	(City)	/	(Zip Cod	de)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered	Agent:	les abligations of the monition	_
i nereoy accept the appointment as registe	ereu ugeni. Tam jan	mar wun ana accepi u	ie obugations of the position	r.
	Signature of Wew I	Registered Agent, if cha	nging	

Page 1 of 4

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 = Treusurer; 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
2) Change		_	
Add			
3) Change			
Remove			
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add Remove			
Kentove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
	

The date of each amendment(s) adoption: 5/1/2014 date this document was signed.	if other than the
Effective date if applicable: 5/1/2014 SIGN OF	TETRINY OF STATE H OF CORPORATIONS P 12 PM 3: 24
Adoption of Amendment(s) (CHECK ONE)	- 12 - 11 O- E-4
The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	lment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
Dated Signature	
(By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	