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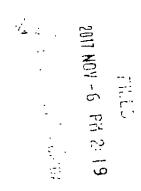
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C. GOLDEN NOV 0 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	LOFTS COND	OMINIUM ASSOC	DIATION INC.	
DOCUMENT NUMBER:	010274			
DOCUMENT NUMBER:	<u>_</u>		<u> </u>	
The enclosed Articles of Amendment	t and fee are subm	itted for filing.		
Please return all correspondence conc	eerning this matter	to the following:		
	(Name of Contact P	erson)	
NEO LOFTS CONDOMINIUM ASS	SOCIATION INC			
		(Firm/ Compan	y)	
10 SW South River Dr.				
		(Address)		
Miami FL 33130				
	(City/ State and Zip	Code)	
ncolofts@gmail.com				
E-mail add	ress: (to be used t	or future annual rep	ort notification	n)
For further information concerning th	is matter, please c	ıll:		
Regla L Guerra		at	305	324-6958 Ext.1
(Name of	Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made pay	able to the Florida I	Department of S	State:
	75 Filing Fee & E ficate of Status	1\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section	1		reet Address nendment Secti	on

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

77110 2017 NOV - 6 PH 2: 19

NEO LOFTS CONDOMINIUM ASSOCIATION INC. (Name of Corporation as currently filed with the Florida Dept. of State) N03000010274 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	EDUARDO DIAZ	10 SW SOUTH RIVER DR. #1004
Add			MIAMI, FL 33130
Remove			
2) X Change	<u>v</u>	MILLI MEMBIELA	10 SW SOUTH RIVER DR #1809
Add			MIAMI FL 33130
Remove			··
3)Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

 necessary).	es, enter chans (Be specific)			
	 	.	<u> </u>	
				
			-	
	<u> </u>			
			_	
				

The	date of each amendmer	ıt(s) adoption:	, if other than the
date	this document was signe		
r cc	ective date <u>if applicable</u> :	10/25/2017	
E111	ective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will n the Department of State's records.	ot be fisted as the
Add	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	10/25/17	
	Signature/	NIM NIM	
	have	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	_	Mille Member (Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
	_	Vice-Ines.	
		(Title of person signing)	