N0400006408

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BAYWAIK CONDOMINIUM ASSOCIATION	<u>un</u> . Inc
DOCUMENT NUMBER: N 0 40 0 00 64 08	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Henry DW	
(Name of Contact Person)	
(Firm/ Company)	
ECC NII AC ST	ż,
555 NW 95 St. (Address)	 ;
Miami FL 33150	5
(City/ State and Zip Code)	74G
E-mail address: (to be used for future annual report notification)	7
For further information concerning this matter, please call.	
CATALINA MOJIA at 305 4908980 (Area Code) (Daytime Telephone Number:	<u> </u>
Enclosed is a check for the following amount made payable to the Florida Department of State:	'
□ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



May 17, 2017

HENRY DOW 555 NW 95 ST MIAMI, FL 33150

SUBJECT: BAYWALK CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N04000006408

We have received your document for BAYWALK CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 417A00009916

Articles of Amendment

to

Articles of Incorporation of

Baywak Condominium A	rssociat	non, Inc	
(Name of Corporation as curren	itly filed with t	he Florida Dept. of State)	
N 0400000 640	8		
(Document Numb	er of Corporation	on (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida</i>	Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>		
			The new
name must be distinguishable and contain the word "corpora "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		porated" or the abbreviation "Corp	." or "Inc."
(Trincipal office address <u>Problems, Strike Printers (1998)</u>	, 	<u> </u>	
			ئے۔ میں ا
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			. 🔾
			<u>; ;</u>
			ز سية سي
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in F address:	Plorida, enter the name of the	پ
Name of New Registered Agent:		···	
New Registered Office Address:		(Florida street address)	
	ACS to 1	, Florida (Zip Code)	
	(City)	γλιρ Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	l Agent: imiliar with and	l accept the obligations of the position	m.
	Signature of Nev	w 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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	PT	Henry Dow	555 NW 958t. MICIMI FL 33150
Remove 2) Change		NICOLAS Veil2	555 NW 95st Miami FL 33150
Remove 3) Change Add Remove	PT	Yeh, Daniel	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheet	g additional Articles, (s. if necessary).— (Be	specific)	-		
		•			
		<u> </u>			
					
·			<u> </u>		
					
					_
		·		<u>.</u> .	-
					
·				-	
					

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :	4 *	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approx	dopted by the members and the number of votes east for the ameral.	ndment(s)
☐ There are no members or men adopted by the board of direc	abers entitled to vote on the amendment(s). The amendment(s) waters	ıs/were
Dated5	1017	
Signature	747 2	
have not be	rman or vice chairman of the board, president or other officer-if or sen selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
	Henry Dow	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	