## N.0400009543

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Latitude One	West Brickell Condomin	ium Association JUC
DOCUMENT NUM	BER: NO 4000009543		
The enclosed Article	s of Amendment and fee are sub	bmitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		Protomaster	
	(Name of	Contact Person)	
-	Latitude One -West Bri	ckell Condominium Assn., Ir	nc.
	(Firm	n/ Company)	<del></del>
	185 SW 7th	Street Ste #1200	
	(,	Address)	
	Miam	i, FL 33130	
	(City/ Sta	te and Zip Code)	<del></del>
		leassociation.com	
	E-mail address: (to be use	d for future annual report notifica	ition)
For further information	on concerning this matter, pleas	e call:	
John Protomaste	r	at ( 786 ) 364-368	5 ne Telephone Number)
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department	of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 Index 632314	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ·

## **Articles of Amendment Articles of Incorporation** of

Name of Corporation as currently filed with	ONDOMINUM ASSOCIATION INC.
NO 400 000 9 54	
(Document Number of Corporati	
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>1:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not  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 new registered agent and/or the new registered office add	

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

(Florida street address)

Florida\_ (Zip Code)

## 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)

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
Treasu	Christopher Lyons	175 SW 7th St #2009 Miami, FL 33130	☐ Add ☐ Remove
Directr	Aquiles Torrealba	175 SW 7th St #2308 Miami, FL 33130	
Treas	Tatiana Sanchez (Formozcy Secretory/TREASUR	175 SW 7th St #1900 Miami, FL 33130	☐ Add ☐ Remove (7
	ing or adding additional Articles, ent ditional sheets, if necessary). (Be spe		
<u> </u>			
	<u> </u>		

The date of each amendment	(s) adoption: July 28, 2011
	(date of adoption is required)
Effective date if applicable:	
,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) oval.
☐ There are no members or n adopted by the board of directions.	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Signature (By 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)
	Tatiana Sanchez (Typed or printed name of person signing)
	Secretary (Title of person signing)