## N05000000608

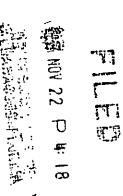
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	COURTS CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: N05000000608	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Avi S. Tryson, Esq.	
	(Name of Contact Person)
Goede, Adamczyk, DeBoest & Cross, PLLC	
	(Firm/ Company)
2600 Douglas Road, Suite 717	
	(Address)
Coral Gables, Florida 33134	
	(City/ State and Zip Code)
atryson@gadclaw.com	
E-mail address: (to be u	ised for future annual report notification)
For further information concerning this matter, plea	ase call:
Avi S. Tryson, Esq.	786 725-4923
(Name of Contact Pers	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	& U\$43.75 Filing Fee & U\$52.50 Filing Fee us 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

## Articles of Amendment to Articles of Incorporation of

COURVOISIER COURTS CONDOMINIUM ASSOCIATION, INC.

(Name of Corporatio	n as curre	ntly filed with the Flori	da Dent of State)	<del></del>
N05000000608			, <u> </u>	
(Docu	ment Numl	ber of Corporation (if known	own)	
Pursuant to the provisions of section 617.1006, Floormendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For</i>	Profit Corporation adop	ots the following
A. <u>If amending name, enter the new name of th</u> N/A	e corporat	ilon:		The nev
name must be distinguishable and contain the wor 'Company" or "Co." may not be used in the nam		ition" or "incorporated"	or the abbreviation "Co	
3. Enter new principal office address, if applicable:		N/A		
Principal office address MUST BE A STREET A		)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or registered agent and/or the new register	stered office a	ddress:		
Name of New Registered Agent:	Goede, A	damczyk, DeBoest & Cr	oss, PLLC	
	c/o Avi S	. Tryson, Esq., 2600 Dou	iglas Road, Suite 717	
New Registered Office Address:		(Flor	ida street address)	
	Coral Gal	bles	, Florida	134
		(City)	(Zip Cod	e)
ew Registered Agent's Signature, if changing I	Registered	Agent:		- E
hereby accept the appointment as registered agen	t. I am fai 	miliar with and accept the	c obligations of the post	V 22
_	Si	ignature of New Register	ed Agent, if changing	<u></u> <u>.</u>
	ſ	Page 1 of 4	<b>(3)</b>	· ထ

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	V Mi	nn Doc ke Jones Ily Şmith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	LEVI, LILLY	701 Brickell Key Blvd.
Add			Management Office
X Remove			Miami, FL 33131
2) Change	T	SPARKS, HERSCHEL	701 Brickell Key Blvd.
X Add			Management Office
Remove			Miami, FL 33131
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change	<del></del>	·	
Add			
Remove			
ກ Change			
Add			
Remove			

N/A	
	<del></del>

	ne date of each amendment(s) adoption;	, if other than th
date	te this document was signed.	
Eff	Tective date if applicable:	
	(no more than 90 days after amendment file date)	
<u>Not</u> doc	nte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	listed as the
Ado	loption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated	
	Signature Varuje I alegnia	
	(By the chairman or vice chairman of the poard, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Evariyel Alegria	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	