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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
CHAMPS ELYSEES CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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Page Count	03
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Amend Name chg
10 11/2/10

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Articles of Amendment
to
Articles of Incorporation
of

CHAMPS ELYSEES CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N05000000656
(Document Number of Corporation (if known)

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TALLAHASSEE, FLORIDA
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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:

First on Lincoln Condominium Association, Inc.

The new 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)

130 3rd Street, Unit 105
Miami Beach, FL 33139

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

130 3rd Street, Unit 105
Miami Beach, FL 33139

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: FEDERICO OLIVIERI

New Registered Office Address: 130 3rd Street, Unit 105
(Florida street address)

Miami Beach, Florida 33139
(City) *(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)

Title	Name	Address	Type of Action
DP	Mahaveer P. Prabhakar	9595 Collins Ave., #909 N Surfside, FL 33154	☐ Add ☑ Remove
DVP	Diego Kojnover	1301 NW 89th Court, Suite 219 Miami, Florida 33172	☐ Add ☑ Remove
DST	Gabriel E. Torres	9786 NW 29 Terr. Doral, FL 33172	☐ Add ☑ Remove

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

DPS, Marco Vincenzo Belfiore,130 3rd Street, Unit 105, Miami Beach, FL 33139, Add

DVP, Federico Olivieri, 130 3rd Street, Unit 105, Miami Beach, FL .33139, Add

DT, Miokael Mosse, 130 3rd Street, Unit 105, Miami Beach, FL 33139, Add

The date of each amendment(s) adoption: 9/17/10
(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/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 9/17/10

Signature _____
(By the chairman or vice chairman of the board, 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)

VINCENZO BELFIORE
(Typed or printed name of person signing)

DIRECTOR - PRESIDENT
(Title of person signing)