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## **COVER LETTER**

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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: BIVE LAGOON COND	BMINIUM ASSOCIATION, INC			
DOCUMENT NUMBER: #0500007975	\$ X05000007974			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following	:			
JORGE L ROUCE (Name of Contact	)			
(Name of Contact	t Person)			
SAME				
SAME (Firm/ Comp	any)			
5077 NW 7 St. Suit	te 400			
(Address	)			
MIAMI, FL 33126	?			
$M_{IAMI}$ , $M_{33/26}$ (City/ State and Zip Code)				
MANA GER & bluE AGOON CON E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, please call:				
Jonge L Rouco (Name of Contact Person)	at 786 5197020			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florid	da Department of State:			
\$35 Filing Fee \$\Bigsim \$\subset\$\$\\$43.75 Filing Fee \$\Bigsim \text{\$\subset\$\$\$\$\$\$\$\$ Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BUE LAGOON CONCOMINIUM HSSOCIATION ? LING 35
(Name of Corporation as currently filed with the Florida Dept. of State)
NO 500000 7974 NO 50000 7974
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following the its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:
The new
"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:
, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
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	PT John I V Mike S SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_T	YURI TEIXEIRA	
Remove			
2) Change Add	<u>D</u>	SERGIO STRATA	
Remove 3) Change Add	<u>T</u>	SERGIO STRATA	
Remove 4) Change Add	<u> </u>	YURI TEIXEIRA	
Remove			
5) Change Add			
Remove			±
6) Change			
Add			<del></del>
Remove			<del></del>

utach additional sheets, if necessary	y, (be specific,	,				
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The date of each amendment(s) ad	option:	, if other than the
late this document was signed.  Effective date if applicable:	10 /22 /2015 (no more than 90 days after amendment file date	
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes cast fo l.	r the amendment(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendrors.	ment(s) was/were
Dated	0/22/2015	
Signature		
have not be	man or vice chairman of the board, president or other on selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
		ng)
	PRESIDENT	
	(Title of person signing)	