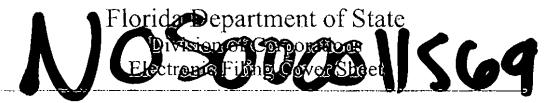
10/3/2019

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A

Account Number : I20030000123

Phone

: (305)461-9500

Fax Number

: (786)362-7127

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ISLES AT LAGO MAR CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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Articles of Amendment to Articles of Incorporation of

Isles at Lago Mar especianian Association, the		tangen gan talan Samilyan yang mita	and production to a co-			
(Name of Corporation	as currently	nieg with the Flori	da Debr. 01 S.	inic		
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Crocon	nent Number (	of Corporation (if kn	own)			
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Státutes, I	this <i>Florida Not Por</i>	Profit Corpo	ration adopts	the following	ıg
A. If amending name, enter the new name of the	corporation	<u>.</u>				
•					The ne	:w
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		n" or "incorporated	" or the abbre	viation "Corp	o," or "Inc:	"
B. Enter new principal office address, if applica	ıble:			<del> </del>		_
(Principal office address MUST BE A STREET A	IDDRESS)					
•	_					
<u> </u>					<del></del>	_~
C. Enter new mailing address, if applicable:					ĬŢ.	3
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> ) _	····				30
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D. If amending the registered agent and/or regi	istered office	address in Florida,	enter the ini	ne of the	-	ڢ
new registered agent and/or the new register	red office add	iress:			1	2
Name of New Registered Agent:	Cuevas, Gar	rcia & Torres, P.A.				_
	7300 North	Kendall Drive, Suite	: 680			
<u>11</u>	<del></del>	(F)	arida street addr	est)		_
New Registered Office Address						
·	Miami			, Florida <u>331</u> :		<u></u>
: :		(City)		(Zip Code)	)	
New Registered Agent's Signature, if changing	Registered A	gent:				
I hereby accept the appointment as registered age.	nt. I anı fami	iliar with and accept	Ahe obligation	is of the positi	on.	
· ·		-100				
	Sign	nature of New Regis	tered Agent, if	changing		
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i.	P	age/1 of 4				

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If amouding 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 Mi</u>	hn Doe ike Jones Ily Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
i) Change	<u>.</u>			
Add	;			
Remove	;			
2) Changé	<u>.</u>			
Add	·. :			
Remove	:			
3) Change	<u>:</u>			
Add	:			
Remove	;			
4) Change				
Add	•			
Remove	** ** **			
5) Change:	· <del></del>			
Add				· <del></del>
Remove				
6) Change	:			<del>-</del> :
Add				**************************************
Remove	,		Page 2 of 4	

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. If amending of the last of t	or adding additional A nal sheets, if necessary,	rticles, enter change ).     (Be specific)	(s) here:		
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amondment file date)	Marine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	icnl(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wadopted by the board of directors.  October 1, 2019  Dated  Signature  (By the chairman or vice chairman of the board, president or other officer-if direction have not been selected by an incorporator—if in the hands of a receiver, trusted other court appointed/fiduciary by that fiduciary)  Gerardo Aletti  (Typed or printed name of person signing)  President	HIV HIV
(Title of person signing)	