N06000003585

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100315783041

07/17/18--01004--007 **35.00

THE THE STATE OF STAT

MR 1 6 5018

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

COUNTRY WA	LK AT ALTAMONTE SPRI	NGS CONDOMINIUM AS	
N06000003585			201
DOCUMENT NUMBER:	,		
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		PH 14
CARLOS FROST			
	(Name of Contact Persor)	
CAFE HOLDINGS LLC			
	(Firm/ Company)		<u></u>
520 NW 165TH STREET ROAD SUITE 101			
	(Address)		18 TAL TAL
MIAMI FL 33169			18 AUG -1 PM 2: 112 SECRETARY OF THE SEC
	(City/ State and Zip Code	e)	NP.Y
YANINA@FROSTPM.COM			F 3
E-mail address: (to be	used for future annual report	notification)	
For further information concerning this matter, ple	ease call:		.: 52
CARLOS FROST	at	6-471-60C	
(Name of Contact Per	rson) (Ai	rea Code) (Daytime Telepi	hone Number)
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	e & □\$43.75 Filing Fee & tus Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section		Address Iment Section	

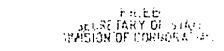
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation



COUNTRY WALK AT ALTAMONTE SPRINGS CONDOMINIUM ASSOCIATION, INC. 211 AUG 16 PH 14 17

(Name of Corporation	as currently filed with the Flo	rida Dept. of State)
N06000003585		
(Docum	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	<u>e</u> .	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>	ble: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regi	stered office address in Florida	, enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:	CAFE HOLDINGS LLC	
	520 NW 165TH STREET RE	SUITE 101
		lorida street address)
New Registered Office Address:	MIAMI	. Florida 33169
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		t the obligations of the position.
-		stered 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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change Add							
Remove 2) Change							
Add							
3) Change Add Remove							
4) Change Add							
Remove 5) Change							
Add Remove							
① Change Add							
Remove							

If amending or adding additional Articatuch additional sheets, if necessary).	(Be specific	c)					
•							
		. '					
-				<u> </u>	-	-	
<u> </u>					 -		•
					•		
				•			
,							
					-	 -	
<u> </u>				- .			
	· · · · · · · · · · · · · · · · · · ·						
_							
				_			
			_				
				_	_		
			_	-			
		_					
·		_					
		-					
		 -					
-			_				

	date of each amendments this document was signed.	(s) adoption:	_, if other than the
Effe	ective date <u>if applicable</u> :	7/11/2018	
		(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of d	nembers entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	Dated	018	
	Signature		_
	have no	chairman or vice chairman of the board, president or other officer-if directors is been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	DAI	NIEL CHTEINBERG	
		(Typed or printed name of person signing)	
	TRE	EASURER, SECRETARY	
	٠	(Title of person signing)	