| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
| date of                 | adba               | 563<br>Fron |

Office Use Only

500327616165

04/11/19--01024--018 \*\*35.00

'JUN 1 8 2019 D CUSHING

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION            | 2228 PARK AVENUE<br>S:                     | CONDOMINIUM :  | ASSOCIATIO                | N, INC.  |                 |                      |
|--------------------------------|--|--|---------------------------|--|-----------------|----------------------|
| N<br>DOCUMENT NUMBER:          | 06000004686                                |  |                           |  |                 |                      |
| The enclosed Articles of Ame.  |  |  |                           |  |                 |                      |
| Please return all corresponden | ce concerning this matter                  | to the following:  |                           |  |                 |                      |
| JAMIE TARICH                   |  |  |                           |  |                 |                      |
|                                | (  | Name of Contact Per  | rson)                     |  |                 |                      |
| THE TARICH LAW FIRM I          | P.A.                                       |  |                           |  |                 |                      |
|                                |  | (Firm/ Company   | )                         |  |                 |                      |
| 1946 TYLER STREET              |  |  |                           |  |                 |                      |
|                                |  | (Address)  |                           |  |                 | _~                   |
| HOLLYWOOD, FL 33020            |  |  |                           |  | <b></b>         | 15 E                 |
|                                |  | City/ State and Zip C  | Code)                     |  |                 | 1.5                  |
| JAMIE@TARICHLAW.CO             |  |  |                           |  | <br>- <u></u> - | FYCO<br>FYCO<br>FYCO |
| Б                              | mail address: (to be used                  | for future annual rep  | ort nouticatio            | 11.)   | PH12: 37        | 258<br>1831          |
| For further information cone   | erning this matter, please                 | call:  |                           |  | <br>ယ           | 71 H                 |
| JAMIE TARICH                   |  | at   | 305                       | 503-5096   |                 | - SHS                |
|                                | (Name of Contact Person                    |  | (Area Code)               | (Daytime Telephon  | e Number)       |                      |
| Enclosed is a check for the f  | ollowing amount made pa                    | yable to the Florida   | Department of             | State:   |                 |                      |
| ■ \$35 Filing Fee              | ☐S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | Certi<br>is Certi<br>(Add | 50 Filing Fee<br>ficate of Status<br>fied Copy<br>litional Copy is<br>losed) |                 |                      |
| Mailing A                      | Address                                    | <u>Si</u>  | reet Address              | etier  |                 |                      |

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



April 23, 2019

JAMIE TARICH THE TARICH LAW FIRM P.A. 1946 TYLER STREET HOLLYWOOD, FL 33020

SUBJECT: 2228 PARK AVENUE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000004686

We have received your document for 2228 PARK AVENUE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 719A00008167

2019 JUN 17 AMII:5

## Articles of Amendment to Articles of Incorporation of

|            |                | CONDOMINITIM            | ASSOCI | ATION       | INC  |
|------------|----------------|-------------------------|--------|-------------|------|
| ጎጎግር በላክኒ' | 4 1/1 1/1 11/1 | t tinii ii mali ali ali |        | 78 I ISJIN. | 1,47 |

| (Name of Corporation a  | s current                        | ly filed with the Florida Dept. of State)                          |                   |
|---|----------------------------------|--|-------------------|
| N06000004686  |                                  |  |                   |
| (Docume   | nt Numbe                         | r of Corporation (if known)  |                   |
| Pursuant to the provisions of section 617,1006, Florid imendment(s) to its Articles of Incorporation: | da Statutes                      | s, this Florida Not For Profit Corporation adopts the foll         | owing             |
| A. If amending name, enter the new name of the  | corporatio                       | on:  |                   |
|   |                                  |  | ie new            |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the name   | "corporat                        | ion" or "incorporated" or the abbreviation "Corp." or              | Inc.              |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL    | o <u>le:</u><br>O <u>DRESS</u> ) |  |                   |
|   |                                  |  |                   |
|   |                                  |  |                   |
| C. Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE I               | ROX)                             | 701 S. MIAMI AVE #167C   | <u>(5</u>         |
| (Matting address MAT BE AT VOT VICTORIES  | <u>-0</u>                        | MIAMI, FL 33131  | 11JH 17 PH 12: 37 |
|   |                                  |  | 1                 |
|   |                                  |  | 77                |
| D. If amending the registered agent and/or regis  | tered offi                       | ce address in Florida, enter the name of the                       | :2                |
| new registered agent and/or the new register  | ea omice s                       | RICH LAW FIRM P.A.   | ယ<br>             |
| Name of New Registered Agent:   |                                  |  |                   |
|   | 1946 TY                          | LER STREET   |                   |
| by Date of Dellar Address   |                                  | (Florida sirvet address)   |                   |
| New Registered Office Address:  | HOLLY"                           | WOOD Florida 33020   |                   |
|   |                                  | (City) (Zip Code)  |                   |
|   |                                  |  |                   |
| New Registered Agent's Signature, if changing   | Registeree<br>nt. Lam fe         | a Agent:  amiliar with and autept the obligations of the position. |                   |
| Thereby accept the apparation as regarded as  | ,                                |  |                   |
|   |                                  | <u> </u>   |                   |
|   |                                  | Signature of New Registered Agent, if changing                     |                   |
|   | ///                              | 7// //   |                   |
|   | /                                | Page 1/05/4  |                   |
|   |                                  | /ruge 1 394  |                   |
|   | _                                | //   |                   |

SECRETIARY OF STATE

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 | <u>V</u> <u>Mik</u> | n Doc<br>te Jones<br>y Smith |                        |
|-----------------------------------|---------------------|------------------------------|------------------------|
| Type of Action (Check One)        | <u>Title</u>        | <u>Name</u>                  | <u>Addre</u> ss        |
|                                   | DP                  | TODD GLASER                  | P.O. BOX 402249        |
| 1) Change                         |                     |                              | MIAMI BEACH, FL 33140  |
| Add<br>X                          |                     |                              |                        |
| Remove                            |                     |                              |                        |
| 2) Change                         | DV                  | MITCHELL RUBINSON            | P.O. BOX 402249        |
| Add                               |                     |                              | MIAMI BEACH, FL 33140  |
| V                                 |                     |                              |                        |
| Remove                            | DST                 | EDDA RUBINSON                | P.O. BIX 402249        |
| 3) Change                         |                     |                              | MIAMI BEACH, FL 33140  |
| Add                               |                     |                              |                        |
| X Remove                          |                     |                              |                        |
| _                                 | PS                  | JEAN SIMONIAN                | 701 S. MIAMI AVE #167C |
| 4) Change                         |                     |                              | MIAMI, FL 33131        |
| A Add                             |                     |                              |                        |
| Remove                            |                     |                              |                        |
| Chamas                            | VP                  | MIKAEL COHEN                 | 701 S. MIAMI AVE #167C |
| 5) Change X                       | - <del></del>       |                              | MIAMI, FL 33131        |
| Add Add                           |                     |                              |                        |
| Remove                            |                     |                              |                        |
| 6) Change                         |                     |                              |                        |
|                                   | <del></del>         |                              |                        |
| Add                               |                     |                              |                        |
| Remove                            |                     |                              |                        |

| E. If amending or adding additional (attach additional sheets, if necessa | ry). (Be specific) |             |           |          |   |
|---|--------------------|-------------|-----------|----------|---|
| •   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    | <del></del> |           |          |   |
|   |                    |             | ·         |          | _ |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    | <u></u>     |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   |                    |             | <u>,,</u> |          |   |
|   |                    |             |           | <u> </u> | _ |
|   |                    |             |           |          |   |
|   |                    |             |           |          |   |
|   | <u> </u>           |             |           |          |   |
|   | <u> </u>           |             |           |          |   |

| ٠            |  |  | ,                       | aliak                        | 2010  | , if other than the    |
|--------------|--|--|-------------------------|------------------------------|---|------------------------|
| l'he<br>late | date of each amendment(s) ado this document was signed.                | ption:   |                         |                              | <u> </u>  |                        |
| Effe         | ctive date if applicable:  | (no more than 90)  | days after an           | nendment file da             | te)   |                        |
| <u>Not</u>   | e: If the date inserted in this blocument's effective date on the Dept | k does not meet the appartment of State's reco                   | plicable statut<br>rds. | tory filing requir           | ements, this date will                          | I not be listed as the |
| Ado          | option of Amendment(s)   | ( <u>CHECK ONE</u> )   | )                       |                              |   |                        |
|              | The amendment(s) was/were add was/were sufficient for approval         | opted by the members of  | and the numb            | er of votes cast f           | or the amendment(s)                             | ı                      |
|              | There are no members or memb<br>adopted by the board of director       | ers entitled to vote on t<br>rs.                                 | the amendme             | nt(s). The amen              | imentis) was/were                               |                        |
|              | Dated  |  |                         | 0                            |   |                        |
|              | have not bee   | man or vice mairman on selected, by an incomposited fiduciary by | rporator – if ii        | n the hands of a             | r officer-if directors<br>receiver, trustee, or |                        |
|              |  |  |                         | I MONIAN<br>me of person sig |   |                        |
|              |  | Pie  | Sident/                 | Seart                        | zry   |                        |