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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	A CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this i	matter to the following:
ROBERT M. CHISHOLM, ESQ.	•
	(Name of Contact Person)
ROBERT M. CHISHOLM, PA	
	(Firm/ Company)
7378 SW 48 STREET, SUITE B	
	(Address)
MIAMI, FL 33155	
	(City/ State and Zip Code)
pablo@acetopmgmt.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
ROBERT M CHISHOLM	305 667-4261
(Name of Contact Pe	
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	e & 🗆 \$43.75 Filing Fee &
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 J.F. 10 FM10:01

VILLA SERENA CONDOMINIUM ASSOCIAT	TON, INC.	**
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)
N06000005540		
(Docu	ment Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		d or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		, enter the name of the
Name of New Registered Agent:	ROBERT M. CHISHOLM, PA	
	7378 SW 48 STREET, SUITE	В
		lorida street address)
New Registered Office Address		
	MIAMI	, Florida 33155
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accept	t the obligations of the position.
-	Signature of New Regi.	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: X_Change X_Remove X_Add	PT John Doe Y Mike Jones SV Sally Smith			
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s	
1) Change	VP ESTEBA	AN E. ORTIZ	956 SW 82 AVENUE	
X Add			MIAMI, FL 33144	
Remove				
2) Change	S ORLAN	IDO MAIGUEL GARCIA	956 SW 82 AVENUE	
Add			MIAMI, FL 33144	
Remove				
3) Change				
Add				
Remove			***************************************	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
(antien duthermal sheets, y	necessary). (De s	pecific			
				<u>. </u>	
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The	he date of each amendment(s) adoption:		, if other than the
date	ate this document was signed.		
Eff	ffective date <u>if applicable</u> :		
	(no)	more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not be became the Department of	t meet the applicable statutory filing requirements, this date will not State's records.	be listed as the
Ade	doption of Amendment(s) (CI	IECK ONE)	
	The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amendment(s)	
	There are no members or members entitled adopted by the board of directors.	I to vote on the amendment(s). The amendment(s) was/were	
	Dated 7/1/17		
	Signature	VIUL.	
	have not been selected,	e chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or iduciary by that fiduciary)	
	ROBERT M. CHIS	HOLM, ESQ.	
		(Typed or printed name of person signing)	
	ATTORNEY-IN-F	ACT	
		(Title of person signing)	•