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COVER LETTER

TO: Amendment Section Division of Corporations Victoria Breezes Condominium Association, Inc. NAME OF CORPORATION: N06000005615 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jesenia Gil (Name of Contact Person) Foremost Title & Escrow Services, LLC (Firm/ Company) 18851 NE 29th Avenue, Suite 1005 (Address) Aventura, Florida 33180 (City/ State and Zip Code) gabriel@halcyongrp.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 935-4440 Jesenia Gil (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Victoria Breezes Condominium Association, Inc.		of State) 5
(Name of Corporation as cur	rently filed with the Florida Dept.	of State)
N06000005615		٠,٠
(Document No	ımber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stannendment(s) to its Articles of Incorporation:	itutes, this Florida Not For Profit C	Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	oration" or "incorporated" or the a	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1314 E Las Olas Blvd	
(Principal office uddress <u>MUST BE A STREET ADDRE</u>	<u>SS</u>) Suite 735	
	Fort Lauderdale, FL 33301	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1314 B Las Olas Blvd	
	Suite 735	
	Fort Lauderdale, FL 33301	
D. If amending the registered agent and/or registered on new registered agent and/or the new registered office		name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		tions of the position.
	Signature of New Registered Agen	t, 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	<u>V</u> <u>M</u> :	in Doe ke Jones Ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Luis Bethencourt	12301 SW 132nd Court
Add			Miami, FL 33186
X Remove			
2) Change	P	Gabriel Ormachea	1314 E Las Olas Blvd
X Add			Suite 735
Remove			Fort Lauderdale, FL 33301
3)Change	<u>T</u>	Nayla Chinea	12301 SW 132nd Court
Add			Miami, FL 33186
X Remove			
4)Change	Т	Gabriel Ormachea	1314 E Las Olas Blvd
X Add			Suite 735
Remove			Fort Lauderdale, FL 33301
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

If amending or adding additional Artiation and itional Artiation and itional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
10/10 Effective date <u>if applicable:</u>	0/2018	
,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes cast for the amendmen	t(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	ē
Dated 10/11/2018 Signature	ten S	
(By the chain have not bee	namer vice chairman of the board, president or other officer-if directon selected, by an incorporator — if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)	
Luis Bet	encourt	
	(Typed or printed name of person signing)	_
Preside	nt	
 -	(Title of person signing)	-