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SECRETARY OF STATE

FEB 27 2018 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OODS CONDOMINIUMS ASSOCIATION, INC.
DOCUMENT NUMBER: N06000005952	•
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
DANIEL E. MANAUSA	
	(Name of Contact Person)
MANAUSA LAW FIRM, PA	
	(Firm/ Company)
1701 HERMITAGE BLVD. SUITE 100	
	(Address)
TALLAHASSEE, FL 32308	
	(City/ State and Zip Code)
DANNY@MANAUSALAW.COM	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call;
DANNY MANAUSA	850 597-7616 at
(Name of Contact Pers	son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee Certificate of State	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LEXINGTON WOODS CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation			ride Dept of State	<u></u>	
N06000005952	n as current	iv thea with the Fibi	ida Dept. oi State	<u>()</u>	
(Docum	ment Numbe	r of Corporation (if k	nown)		
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	, this <i>Florida Not Fo</i>	or Profit Corporati	on adopts t	he followir
A. If amending name, enter the new name of the	e corporatio	<u>on:</u> `			m.
name must be distinguishable and contain the word		on" or "incorporated	d" or the abbrevia	tion "Corp.	The ne .'' or "Inc.
"Company" or "Co." may not be used in the name.		1701 HERMITAGE	BLVD., SUITE 10	00	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)					
				<u>.</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	POST OFFICE BOX	(79 11		
		NEW YORK, NY 10	0150		
D. If amending the registered agent and/or reginew registered agent and/or the new registered Agent: Name of New Registered Agent:	red office ac	e address in Florida, dress: GERKEN	enter the name o	f the	
	4850 N. H	IGHWAY 19A	<u></u>		
New Registered Office Address	;	(F	lorida street address)	···	
	MOUNT I	OORA	, Flo	orida <u>3275</u>	7
		(City)	(Zip Code)	,
New Registered Agent's Signature, if changing hereby accept the appointment as registered agen		<u> </u>	the obligations of	ARA	
-	Si	andture of New Regis	tered Agent, if cha		ン ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
	P	age 1 of 4		黑彩	بَسَ

'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 V Mike SV Sally	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DONNANGELO, GUSTAVO	2460-A MITCHAM DRIVE
Add * Remove			TALLAHASSEE, FL 32308
2) Change	P	MINIO, JOHN P.	POST OFFICE BOX 7911
* Add Remove			NEW YORK, NY 10150
3) Change	VP	MINIO JR., JOHN J.	POST OFFICE BOX 7911
* Add			NEW YORK, NY 10150
Remove			
4) Change	VP	MINIO, CHRIS J.	POST OFFICE BOX 7911
* Add			NEW YORK, NY 10150
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional s	ding additional Art heets, if necessary).	(Be specific)	<u>neciaj nere</u> .					
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The	ne date of each amendment(s) adoption:	, if other than the
date	te this document was signed.	
Effe	ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file a	late)
	ote: If the date inserted in this block does not meet the applicable statutory filing requirecument's effective date on the Department of State's records.	irements, this date will not be listed as the
Add	doption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast was/were sufficient for approval.	for the amendment(s)
	There are no members or members entitled to vote on the amendment(s). The amendopted by the board of directors.	ndment(s) was/were
	Dated2 26 2018	
	Signature (By the chairman or vice chairman of the board, president or other have not been selected, by an incorporator – if in the hands of a other court appointed fiduciary by that fiduciary)	
	Taniel E. Manausa (Typed or printed name of person sig	ning)
	Acting Chair Of Board	<u>d</u>