N06000006453

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
_	WAIT MAIL			
(Business Entity Name)				
·	ocument Number) Certificates of Status			
Special Instructions to Filing Officer:				
	2/2/22			

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COVER LETTER

TO: Amendment Section Division of Corporations

BAYVIEW TOWNHOMES CONDOMINIUM ASSOCIATION, INC.
N06000006453 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
I. Barry Blaxberg, Esquire
(Name of Contact Person)
Blaxberg, Grayson, Kukoff & Forteza, P.A>
(Firm/ Company)
25 S.E. 2nd Avenue, Suite 730
(Address)
Miami, Florida 33131
(City/ State and Zip Code)
barry.blaxberg@blaxgray.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
I. Barry Blaxberg 305 371-7979 Ext. 311
(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

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

BAYVIEW TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

2022 FEB 14 AM 8: 59

(Name of Corporation as currently filed with the	Florida De	pt. of State)	SECRETION OF STATE
N06000006453			SECRETARY OF STATE TALLAHASSEE, FL
(Docume	ent Number	of Corporation (if k	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes	, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporatio	<u>n:</u>	417
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		on" or "incorporated	The new d' or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab	ble:	777 Brickell Ave.,#	1200
(Principal office address MUST BE A STREET AL	ADDRECEN	Miami, FL 33131	
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>0X)</i>	777 Brickell Ave., #	1200
		Miami, FL 33131	
D. If amending the registered agent and/or regist new registered agent and/or the new registere			enter the name of the
Name of New Registered Agent:	Gabriela Ri	íf	
name of the negimered agent.	777 Bricke	II Ave., #1200	
New Registered Office Address:		(F	lorida street address)
<u>мен кедіметей Одисе лиштеза.</u>	Maimi		33131
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R	tegistered A	<u>sgent:</u>	
I hereby accept the appointment as registered agent	t. I am fam	iliar with and accept	the obligations of the position.
_	Sig	hature of New Regis.	tered 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 Do V Mike Jo SV Sally Sr	mes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	SMADAR VAKNIN	6301 NW 5TH WAY SUITE 2600
X Remove			FORT LAUDERDALE, FL 33309
2) Change Add	<u>VP</u>	DAVID IFARGAN	6301 NW 5TH WAY SUITE 2600
X Remove	<u>T</u>	RONEN RUBIN	FORT LAUDERDALE, FL 33309 6301 NW 5TH WAY SUITE 2600 FORT LAUDERDALE, FL 33309
4) Change Add	Р	MICHAEL A STEIN	777 BRICKELL AVE #1200 MIAMI, FL 33131
Remove 5)Change	<u>VP</u>	JOSH STEIN	777 BRICKELL AVE #1200 MIAMI, FL 33131
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icle <u>s, enter change(s) here</u> : (Be specific)	
<u></u>			

		
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The date of each amendment(s) a	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	lock does not meet the applicable statutory filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
		.
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s' val.)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

Signature (

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael A. Stein

(Typed or printed name of person signing)

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