NCG OCCOCGIII

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
	,	-
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Do	cument Number)	<u> </u>
·	·	
Certified Copies	Certificates	s of Status
		· · · · · · · · · · · · · · · · · · ·
Special Instructions to	Filing Officer:	
:		

Office Use Only



100386425171

04/28/22--01020--028 **105.00

04/28/22--01020--028 **105.00

2022 APR 28 AH 8: 06

ef 7/12/2022

COVER LETTER

TO: Amendment Section Division of Corporations

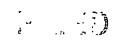
Tallahassee, FL 32314

NAME OF CORPORATION:	Wayside Condomin	ium Association, Inc	:. 	
N06 DOCUMENT NUMBER:	000006911			
The enclosed Articles of Amenda	<i>ment</i> and fee are sub	omitted for filing.		
Please return all correspondence	concerning this mat	ter to the following:		
Rafael Fabian, Esq.				
	-	(Name of Contact I	erson)	
Rafael Fabian, P.A.				
	·- <u> </u>	(Firm/ Compar	ıy)	
3860 SW 8th Street				
		(Address)		
Coral Gables, FL 33134				
		(City/ State and Zip	Code)	
rafael(@,fabianpa.com				
E-mai	l address: (to be use	d for future annual re	port notification	on)
For further information concerns	ng this matter, please	: call:		
Rafael Fabian		3	305-856-670 t	OC.
(Nar	ne of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the follow	ving amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □ \$	43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certii is Certii (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Addro Amendment Se Division of Co P.O. Box 6327	ection	Ā D	reet Address mendment Sectivision of Corp he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Wayside Condominium Association, Inc.

2022 APR 28 AM 8: 06

N06000006911		(整位)
(Document N	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For P	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	rporation" or "incorporated" o	
B. Enter new principal office address, if applicable:	7165 SW47 Street	
(Principal office address MUST BE A STREET ADDR	Suite 320	
	Miami FL 33155	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7165 SW 47 Street	
	Suite 320	
	Miami FL 33155	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	<u>d office address in Florida, en</u> fice address:	ter the name of the
·	en F. Gonzalez	
	15 Tanya Street	
New Registered Office Address:	(Flord	a street address)
Cora	al Gables	. Florida 33156
	(Ciţv)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: im familiar with and accept the	obligations of the position.
	-74CC	
	Signature of New Registered	l Ágent, 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 A Add	PT John Do V Mike Jo SV Sally Sr	<u>ines</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	P/VP	Alejandro J. Garcia	1430 S Dixie Highway Suite 309
2) Change Add	<u>D</u>	Nelson Fernandez, Jr.	Coral Gables, FL 33146 4260 Ingraham Highway Miami, FL 33133
Remove 3) Remove Add Remove	<u>S/T</u>	Gillian Arrieta	Suite 309 Coral Gables, FL 33146
4) Change × Add	<u>D</u>	Ruben JF, Gonzalez	11015 Tanya St Coral Gables, FL 33156
Remove 5) Change × Add	<u>D</u>	Stephen M. Lambert	7710 SW 98 Street, Unit 4 Miami, FL 33156
Remove 6)ChangeAdd			
Remove E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
NONE			
		-	

		
		
	- · · · · · · · · · · · · · · · ·	
		·
		
		
		<u>.</u>
		-
		<u> </u>
The date of each amendment(s) adoption date this document was signed.	m: April 13, 2022	, if other than the
Province days to another the		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	es not meet the applicable statutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted	by the members and the number of votes east for the amendment(s)	
was/were sufficient for approval.	s by the members and the number of votes east for the amendment(s)	

Dated	4/14/2022
Signatur	
	(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)
	Nelson Fernandez, Jr.
	(Typed or printed name of person signing)

(Title of person signing)