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	questor's Name)	
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2018 OCT 29 P # ET

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	THE 20 COND	OMINIUM ASS	SOCIA	TION, II	NC.
DOCUMENT NUMBER: _	N060	00010706			
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
	ANTO	VIO SILVA			
	(Name of Contact	Person)	
	THE 20 CONDO	 MINIUM ASSC	CIATI	 ON,INC	
		(Firm/ Compa			
	18100 ATL	ANTIC BLVD #	205		
-		(Address)			
	 <u>-</u>	SUNNY ISLE	s	33160	
	(City/ State and Zi	p Code)	
	MRL830@	AOL.COM			
Е	mail address: (to be used	for future annual r	eport r	otification	1)
For further information conce	erning this matter, please c	all:			
	ANTONIO SILVA		aı	- - 786 - 3	344 - 9549
(Name of Contact Person)			ea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	rable to the Florida	a Depa	rtment of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing A	ddress	<u> </u>	treet /	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 18, 2018

ANTONIO SILVA P.O. BOX 800.352 MIAMI, FL 33280

SUBJECT: THE 20 CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000010706

We have received your document for THE 20 CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 518A00021313

Articles of Amendment

to

Articles of Incorporation of THE 20 CONDOMINIUM ASSOCIATION INC.

THE 20 CONDOMINI	UM ASSOCIATIO	DN,INC & Bank line Same	
(Name of Corporation as	currently filed wit	h the Florida Dept. of State)	<u> </u>
	6000010706	2018 OCT 29 P F E7	
(Documen	u Number of Corpor	ation (if known).	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Flori</i>	TALL MASS IE. F. 1944. A da Not For Profit Corporation adopt	s the following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "inc	corporated" or the abbreviation "Con	rp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	: DRECC)		
THE THE TABLE TABLE			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	V 1		
MATERIAL OF OFFICE BOX	<u></u>		
			
). If amending the registered agent and/or registered	ed office address in	Florida antor the name of the	
new registered agent and/or the new registered of	office address:	riorida, enter the name of the	
Name of New Registered Agent:			
		(Florida street address)	
<u>New Registered Office Address:</u>		,	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:		•
hereby accept the appointment as registered agent. I	am familiar with ar	nd accept the obligations of the position	on.
	Signature of N	w Registered 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 D V Mike J SV Satty S	ones	
Type of Action (Check One)	Title .	Name	Address
1) Change	Pt	ANTONIO SILVA	
<u></u> ★ Add			
Remove			
2) Change	VP	LUIS VEGAS	
2) Change		· · · · · · · · · · · · · · · · · · ·	
_ <u>></u> Add			
Remove	T	LUIS VEGAS JUNIOR	
3) Change			
X Add			
Remove			
4) Change			
Add		,	
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

If amending or adding ac attach additional sheets, i	f necessary). (B	e specific)				
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The date of each amendment(s) adoption: 9.14-18 late this document was signed.	if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will locument's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
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 10.23-18	
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)	
(Typed or printed name of person signing)	
Mesident	
(Title of person signing)	