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TO: Amendment Section
Divis on of Corporations

NAME OF CORPORATION: Lenox Villa	ge Condomir	ium Association Inc.
DOCUMENT NUMBER: NO7000002	477	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Cristina De Oliveira, Esq	 .	
	(Name of Contact Perso	п)
The Law Office of Cristin	(Firm/ Company)	ira, P.A.
2332 Galiano Street, 2nd	d floor	
	(Address)	
Coral Gables, FL 33134		
	(City/ State and Zip Cod	e)
cdeoliveira@lawc		
E-mail address: (to be used	•	notification)
For further information concerning this matter, please	call:	
Cristina De Oliveira	_{at} 305	461-1660 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lenox Village a Condom	ninium Asso	ciation, Inc.		
(Name of Corporation as current	ly filed with the Fi	orida Dept. of State)		
N07000002477				
(Doc	ument Number of C	Corporation (if known)		
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat	1006, Florida Statut tion:	tes, this Florida Not For Profit Corporation adopts the foli	lowing	
A. If smending name, enter the new na	me of the corpora	tion;		
name must be distinguishable and contain	the word "corner	Thation" or "incorporated" or the abbreviation "Corp," or "	e new	
"Company" or "Co." may not be used in	the name.	or morporated or the above tradition Corp. of	17TC.	
B. Enter new principal office address, if applicable;		1040 10 Street, Unit 203		
(Principal office address MUST BE A S	TREET ADDRESS	Miami Beach, FI 33139		
C. Enter new mailing address, if appli-	rable:	10101001		
(Mailing address MAY BE A POST (1040 10 Street, Unit 203		
		Miami Beach, FI 33139	4	₽S
			15 HAY 29	117 E03
				- 167 1775
D. If amending the registered agent an new registered agent and/or the new		ice address in Florida, enter the name of the address:	29	350
	Gustavo C		PH	
Name of New Registered Agent:	1040 10 Street, Unit 203		دب	: : : ::> :::
	10-10-10-0	(Florida street address)	9	PATE ATE
Yew Registered Office Address:			•	3>`
	Miami Bea	ich, Florida 33139		
	(City			
New Registered Agent's Signature, if cl	nanging Registered	i Apreli:		
I hereby accept the appointment as regist	ered agent. I am J	position with and accept the obligations of the position.		
	Signature of New	v Registered Agent, if changing		
		Page 1 of 4		

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 hecessary)

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 V Mike SV Sally	Jones	
Type of Action (Check One)	Title	Name	Address
(1) Change	PD	Renaldo Mesa	2332 Galiano St 2nd floor
Add			Coral Gables, FL 334134
X Remove			
2) Change	VD	Melissa Mesa	2332 Galiano St 2nd floor
Add	, , , , , , , , , , , , , , , , , , , 		Coral Gables, FL 33134
X Remove			29
3) Change	STD VP	Raudel Mesa	2332 Galiano St 2nd floor 🛫
Add			Coral Gables, FL 33134 ↔
X Remove			
4) Change	PD	Gustavo Carvajal	1040 10 St, Unit 203
X Add			Miami Beach, FL 33139
Remove			
5) Change	SD	Romina Mesa	2332 Galiano St, Ste 103
X Add		·-·	Coral Gables, FL 33134
Remove			
6) Change	TD	Justen Thomas	1040 10 St, Unit 303
X Add			Miami Beach, Fl 33139
Remove		Dec. 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
	15 TALL
	The state of the s
· · · · · · · · · · · · · · · · · · ·	3: 09

The date of each amendment(s) adoption:			than the
Cff	ective date if applicable: (no more than 90 days after amendment file date)	_	
١d٠	option 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 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) Gustavo Carvajal		
	(Typed or printed name of person signing)		_
	President (Title of person signing)	15 HAY 29 PH 3: 09	SECRETARY OF STATE