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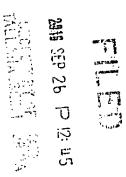
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	LAKESIDE TOWN	HOMES HOA, INC.			
	N07000002774				
DOCUMENT NUMBER:					
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
DAVID GORSON					
	_	(Name of Contact Pers	ion)		
GORSON CUERVO GRO	UP				
		(Firm/ Company)			
444 BRICKELL AVE, SUI	TE 700				
		(Address)			
MIAMI, FL 33131					
		(City/ State and Zip Co	de)		
david@gorsoncuervo.com					
I	-mail address: (to be used	for future annual repor	t notification	n)	
For further information conc	erning this matter, please	call:			
David Gorson		3. at	05	576-1432	
	(Name of Contact Person)		Area Code)	(Daytime Telephone Nur	mber)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Dep	partment of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & ! Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing A Amendme		· · · · · · · · · · · · · · · · · · ·	t Address dment Secti	on	

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

Articles of Amendment to Articles of Incorporation of

LAKESIDE TOWNHOMES HOA, INC.				
	n as curre	ntly filed with the Flor	ida Dept. of State)	
N07000002774		L		
·		ber of Corporation (if k	·	
Pursuant to the provisions of section 617.1006, Fl amendment(s) to its Articles of Incorporation:	orida Statu	tes, this <i>Florida Not Fo</i>	Profit Corporation adopts the fo	ollowing
A. If amending name, enter the new name of the	he corpora	tion:		
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		ation" or "incorporated		The new "Inc."
B. Enter new principal office address, if applic	 shle:	444 BRICKELL AVE		
(Principal office address MUST BE A STREET ADDRESS		SUITE 700		
		MIAMI, FL 33131		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	* <i>BOX</i>)	444 BRICKELL AVE		
		SUITE 700		
		MIAMI, FL 33131		Aldred - mirlbarth
D. If amending the registered agent and/or registered agent and/or the new registered			enter the name of the	
Name of New Registered Agent:	DAVID	GORSON		
	444 BRIC	CKELL AVE SUITE 70)	
New Registered Office Address	;	(Flo	ida street address)	
	MIAMI		Florida 33131	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered ager	nt. I am fa	miliar with and accept t	ne obligations of the position.	
_	1/0	16-	26	•.
·	S	ignature of New Registe		Eller of the
			[] [] [] [] [] [] [] [] [] []	हुम नुमन् स
]	Page 1 of 4	\$50 \$ 5	اق شا الا و محدد الله مسينية

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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PD	MARCIAL RODRIGUEZ	2730 WEST 78 STREET
Add			HIALEAH FL 33016
X Remove			
2) Change	VPD	ZULEMA RODRIGUEZ	2730 WEST 78 STREET
Add			HIALEAH FL 33016
X Remove			
3)Change	STD	JULIO C RODRIGUEZ	2730 WEST 78 STREET
Add			HIALEAH FL 33016
X Remove			
4) Change	PD	DAVID GORSON	444 BRICKELL AVE
X Add			SUITE 700
Remove			MIAMI FL 33131
5) Change			
Add			
Remove			
6)Change	*************		
Add			
Remove			

mending or adding additional Arti ch additional sheets, if necessary).	(Be specific)
THE PARTY OF THE P	
444	
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date this document was signed		n omer man me
Effective date if applicable:	9/1/2016	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) pproval.	
adopted by the board of control of the control of the board of control of the control of t	/	
PRI	ESIDENT	
	(Title of person signing)	