

| (Re                     | questor's Name)   | <del></del> |
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| (Cit                    | y/State/Zip/Phone | e #)        |
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AUG 19 2015 R. WHITE 15 AUG 17 M 9: 56

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| FASHION I  | I CONDOMINIUM ASSOCIATION, INC.   |
|--|---|
| N07000003842                                     |   |
|  |   |
| The enclosed Articles of Amendment and fee       | are submitted for filing.   |
| Please return all correspondence concerning t    | his matter to the following:  |
| ANDREA BORELL                                    |   |
| A1-27/4-40/7-1                                   | (Name of Contact Person)  |
| APM  |   |
| - HALL HALL HALL HALL HALL HALL HALL HAL         | (Firm/ Company)   |
| 324 DATURA STREET, SUITE 209                     |   |
|  | (Address)   |
| WEST PALM BEACH, FL 33401                        | ,   |
|  | (City/ State and Zip Code)  |
| ANDREA@BORELLLAW.COM                             |   |
| E-mail address: (to                              | be used for future annual report notification)  |
| For further information concerning this matter   | r, please call:   |
| ANDREA BORELL                                    | 561 317-7578  |
| (Name of Contac                                  |   |
| Enclosed is a check for the following amount     | made payable to the Florida Department of State:  |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate of | S Fee & \$\sumsymbol{\Pi}\$ |
| Mailing Address Amendment Section                | Street Address Amendment Section  |

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

FHED

| FASHION II CONDOMINIUM ASSUCIATION, INC.  |                                 | 15 AUG 17 AN 9: 56                       |  |
|---|---------------------------------|--|--|
| (Name of Corporation as cu  | rrently filed with the Florid   | la Dept. of State)                       |  |
| N07000003842  |                                 | TALLAHASSEE, FLORIDA                     |  |
| (Document N   | Number of Corporation (if kno   | own)                                     |  |
| Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:  | tatutes, this Florida Not For   | Profit Corporation adopts the following  |  |
| A. If amending name, enter the new name of the corp   | oration:                        |  |  |
| N/A   |                                 | The new                                  |  |
| name must be distinguishable and contain the word "cor<br>"Company" or "Co." may not be used in the name. | poration" or "incorporated"     |  |  |
| B. Enter new principal office address, if applicable:   | N/A                             |  |  |
| (Principal office address MUST BE A STREET ADDR.  | <u>ESS</u> )                    |  |  |
|   |                                 | 10 1 10 1 10 1 10 10 10 10 10 10 10 10 1 |  |
|   |                                 |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                   | C/O APM                         |  |  |
|   | 324 DATURA STREE                | ET, SUITE 209                            |  |
|   | WEST PALM BEAC                  | H, FL 33401                              |  |
| D. If amending the registered agent and/or registered   | office address in Florida, e    | nter the name of the                     |  |
| new registered agent and/or the new registered of   | fice address:                   |  |  |
| Name of New Registered Agent:   |                                 | AAA AA  |  |
| 324   | DATURA STREET, SUITE            | 209                                      |  |
|   | (Flor                           | uda street address)                      |  |
| New Registered Office Address:  | TT DALLA DE A CUI               | 22.404                                   |  |
| WES   | ST PALM BEACH                   | , Florida 33401                          |  |
|   | (City)                          | (Zip Code)                               |  |
| New Registered Agent's Signature, if changing Regist  | ered Agent:                     |  |  |
| I hereby accept the appointment as registered agent. I a  | im familiar with and accept the | ne obligations of the position.          |  |
|   | //\$[ \] \]                     |  |  |
| CR  | $r \vee (P(I) \mathcal{N} V)$   |  |  |

Signature of New 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 | <u>V</u> <u>Mi</u> | nn Doe<br>ke Jones<br>lly Smith |                           |
|----------------------------------|--------------------|---------------------------------|---------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>       | <u>Name</u>                     | <u>Addres</u> s           |
| i) X Change                      | P                  | DAVID BROWN                     | C/O APM                   |
| Add                              |                    |                                 | 324 DATURA ST, SUITE 209  |
| Remove                           |                    |                                 | WEST PALM BEACH, FL 33401 |
| 2) X Change                      | VP                 | RICARDO DEGWITZ                 | C/O APM                   |
| Add                              |                    |                                 | 324 DATURA ST, SUITE 209  |
| Remove                           |                    |                                 | WEST PALM BEACH, FL 33401 |
| 3) X Change                      | S                  | EDUARDO PELAEZ                  | C/O APM                   |
| Add                              |                    |                                 | 324 DATURA ST, SUITE 209  |
| Remove                           |                    |                                 | WEST PALM BEACH, FL 33401 |
| 4) Change                        |                    |                                 |                           |
| Add                              |                    |                                 |                           |
| Remove                           |                    |                                 |                           |
| 5) Change                        |                    |                                 |                           |
| Add                              |                    |                                 |                           |
| Remove                           |                    |                                 |                           |
| 6) Change                        |                    |                                 |                           |
| Add                              |                    |                                 |                           |
| Remove                           |                    |                                 |                           |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)  |  |  |  |  |
|--|--|--|--|--|
| N/A  |  |  |  |  |
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| The | data of each amondment(s) ade   | N/A  | if other then the   |
|-----|---|--|---------------------|
|     | e date of each amendment(s) ado<br>this document was signed.                      | pnon:  | , if other than the |
|     | N/A ective date if applicable:  | •  |                     |
|     |   | (no more than 90 days after amendment file date)   |                     |
|     | e: If the date inserted in this bloc<br>ument's effective date on the Department. | k does not meet the applicable statutory filing requirements, this date will not artment of State's records.   | be listed as the    |
| Ado | option of Amendment(s)  | ( <u>CHECK ONE</u> )   |                     |
|     | The amendment(s) was/were add was/were sufficient for approval.                   | pted by the members and the number of votes cast for the amendment(s)  |                     |
|     | There are no members or member adopted by the board of director                   | ers entitled to vote on the amendment(s). The amendment(s) was/were s.   |                     |
|     | Dated   |  |                     |
|     | Signature X   |  |                     |
|     | have not beer   | an or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) |                     |
|     | DAVID B   | ROWN   |                     |
|     |   | (Typed or printed name of person signing)  |                     |
|     | PRESIDE   | NT   |                     |
|     |   | (Title of person signing)  |                     |