## N0800000293

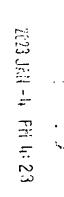
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☐ PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

1060 Brickell C NAME OF CORPORATION:	Condominium Association Inc
N08000000293	
DOCUMENT NUMBER:	<del>-</del>
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Lilian Kiseleva	
	(Name of Contact Person)
1060 Brickell Condominium Assocation. C/O Fi	irstService Residential
	(Firm/ Company)
1060 Brickell Avenue, suite 1215	
-	(Address)
Miami. FL 33131	
	(City/ State and Zip Code)
manager@1060brickell.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	dease call:
786-674-5090	at
(Name of Contact Pe	erson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Sta	
Mailing Address	Street Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

Articles	s of Incorporation		
	of	Your .	
1060 Brickell Condominium Association Inc.		• •	7
Name of Corporation as currently filed with the Florida I	Dept. of State)	4023 Jáil - 1 - 5	
N08000000293		ZU23 JAH -4 FH	4:
(Document Numb	er of Corporation (if known)		٠,
Pursuant to the provisions of section 617.1006, Florida Statute imendment(s) to its Articles of Incorporation:	es, this Florida Not For Proj	fit Corporation adopts the following	ij
A. If amending name, enter the new name of the corporat	ion:		
060 Brickell Condominium Association, Inc.		The new	
name must be distinguishable and contain the word "corporal" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or t		
Francisco estimated office address if continuous	N/A		
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	)		
· · ·		200000	
		<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
The state of the s			
<ol> <li>If amending the registered agent and/or registered office a new registered agent and/or the new registered office a</li> </ol>		r the name of the	
N/A			
Name of New Registered Agent:			
New Registered Office Address:	(Florida si	treet address)	
N/A			
18/A		, Florida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		bligations of the position.	
	gnature of New Registered A	loent 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			<del></del>
Remove			
2) Change Add			
Remove 3) Remove Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			<del> </del>
E. <u>If amending or addin</u> (attach additional shee		nal Articles, enter change(s) here (sary). (Be specific)	
N/A			·
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	_				<del></del>
The date of each amendment(s	i) adoption: N/A				_, if other than the
date this document was signed.					
Effective date <u>if applicable</u> :	∜A				
тиссиче часе и принсаиме.	(no more tha	n 90 days after am	endment file date)	<u> </u>	
Note: If the date inserted in this document's effective date on the			ory filing requiremen	nts, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK C	<u>ONE</u> )			
☐ The amendment(s) was/wer was/were sufficient for app	re adopted by the membroval.	bers and the numbe	r of votes east for the	e amendment(s)	

	11/28/2022
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)
	David Treiger
	(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were