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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	AREHOUSE CONDOMINIUM ASSOCIATION, INC.
NOSOXXXX413	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
VIVIAN POU	
	(Name of Contact Person)
JORGE M. VIGIL, P.A.	
	(Firm/ Company)
265 SEVILLA AVENUE	
	(Address)
CORAL GABLES, FL 33134	
	(City/ State and Zip Code)
VIVIAN@JVIGILLAW.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
VIVIAN POU	786 4974450 at
(Name of Contact	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional copy is Enclosed) S52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DUTTON WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation	as currentl	ly filed with the Florida De	pt. of State)
N08000004413			
(Docum	nent Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	, this Florida Not For Profi	Corporation adopts the following
A. If amending name, enter the new name of the	e corporatio	on:	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporation <u>e</u> .	on" or "incorporated" or th	
		7959 W 28 AVE	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	CONDECCY	HIALEAH, FL 33016	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	7959 W 28 AVE	
· · · · · · · · · · · · · · · · · · ·		HIALEAH, FL 33016	
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office	e address in Florida, enter Idress:	the name of the
Name of New Registered Agent:		l. VIGIL., P.A.	
Name by New Neglacita agent.	265 Sevilla	a Avenue	
		(Florida st	reet address)
New Registered Office Address:			ry 22121
	Coral Gab	<u> </u>	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered / nt Lam fan	Agent: niliar with and accept the ob	ligations of the position 28
-	Siţ	gnature of New Registered A	
	P	Page 1 of 4	LOSTAT STATE

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add	_		
6) Change Add			

 If amending or adding additional Article (attach additional sheets, if necessary). 	(Be specific)	
		·
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		_

The	e date of each amendment(s) adoption:	, if other than the
	this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ument's effective date on the Department of State's records.	t be listed as the
Add	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 8/3/2018	
	(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)	
	Dorso de Visit	
	(Typed or printed name of person signing)	
	Authorized ve prosontetue (Title of person signing)	