N080004413

(Re	equestor's Name)	
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S. YOUNG

COVER LETTER

TO: Amadement Section
Division of Corporations

Division of Corporations				
† NAME OF CORPORATION:	DUTTON WAREHO	USE CONDOMINI	UM ASSOCIA	TION. INC.
N08 DOCUMENT NUMBER:	000004413			
The enclosed Articles of Amendo	nent and fee are subm	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Vivian Pou				
	(Name of Contact Pe	rson)	
Jorge M. Vigil, P.A.				
		(Firm/ Company)	
265 Sevilla Avenue				
•		(Address)	-	
Coral Gables, FL 33134				
	(City/ State and Zip C	Code)	
vivian@jvigillaw.com				
lz-mai	Taddress: (to be used	for future annual repo	ort notification	
For further information concerning	ng this matter, please o	eall:		
Vivian Pou		at _	786	4974450
(Nar	me of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ving amount made pay	able to the Florida D	epartment of S	State:
	\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currentl	y filed with the Florida De	ent. of State)		
N08000004413		<i></i>	,		
(Docur	nent Number	r of Corporation (if known)	-		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes	, this <i>Florida Not For Prof</i>	it Corporution ad	opts 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		on" or "incorporated" or ti	he abbreviation "	Corp." c	or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			-		
Trincipal office address prost in A STREET A	-				
					- <u>-</u>
	-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
				<i>y</i> .	
	-			- ;	: 22
					<u> </u>
D. If amending the registered agent and/or regis	stered office	address in Florida, enter	the name of the		20
new registered agent and/or the new register					
Name of New Registered Agent:	THE LOPE	EZ COMPANIES INC.			
	7959 W 28	AVE			
		(Florida st	reet address)	<u>-</u>	
New Registered Office Address:					
	HIALEAH		Florida	33016	
		(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing I	Registered A	vgent:			
hereby accept the appointment as registered agen			حبطه المستخصصة		

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 John D V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ARIEL LOPEZ	7959 WEST 28TH AVENUE
, Add			HIALEAH, FL 33016
X Remove			
2) Change	P	JORGE ARIEL LOPEZ	7959 WEST 28TH AVENUE
X Add			HIALEAH, FL 33016
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			··

(attach additional sheets, if necessary).	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		
	 .	
		
	<u> </u>	

The	e date of each amendment(s) add	ption:	, if other than the
date	this document was signed.		
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	ee: If the date inserted in this blocument's effective date on the Dep	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	opted 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	9-14-18	
	Signature	nan or vice chairman of the board, president or other officer-if directors	_
	have not beer	opointed fiduciary by that fiduciary)	
		Togo M. Vis 1 P.4 (Typed on printed name of person signing)	
		(Typed of printed name of person signing)	
		President	
		(Title of person signing)	

. . . .