N08000011349

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





900256247369

02/03/14--01015--010 **35.00

14 FEB - 3 PH 4: 2

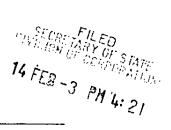
Amind 10,2/14/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	m Dairy Condominium Association, INC		
DOCUMENT NUMBER: NO800011349			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Angela Coates			
	(Name of Contact Person)		
Solutions RE LLC			
	(Firm/ Company)		
7300 Biscayne Biscayne Blvd, #300			
	(Address)		
Miami, FL 33138			
	(City/ State and Zip Code)		
angelac@solution			
E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please	call:		
Angela Coates	271-0230 (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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



The Best Milam Dairy Condominium	Association, INC
(Name of Corporation as currently filed with the Flo.	rida Dept. of State)
N08000011349	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7300 Biscayne Blvd, #300
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33138
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7300 Biscayne Blvd, #300
	Miami, FL 33138
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office and some of Name of Name and Agent agent agent.	ddress:
Name of New Registered Agent: 505epit Sci 6750 NE 4t	
**************************************	(Florida street address)
Miami	, Florida 33138
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fut Signature of New	Agent: Indian with and accept the obligations of the position. Registered Agent, if changing

Page 1 of 4

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	V Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Gutierrez, Recaredo	2840 SW 129 Ave
Add			Miami, FL 33175
X Remove			
2) Change	Р	Doron Marom	635 Euclid Ave, #102
X			Miami Beach, FL 33139
Remove 3) Change	<u>VP</u>	Nasir Acikgoz	3001 SW 27th Ave, #305
X Add			Miami, FL 33133
Remove 4) Change X Add	S/T_	Chen Nagid	7300 Biscayne Blvd, #300 Miami, FL 33138
Remove 5) Change Add Remove			
6) Change Add Remove			
		D 1 - 64	

amending or adding additional Artach additional sheets, if necessary).	(Be specific)					
				 		
			<u> </u>			
	<u></u>			 -		
· · · · · · · · · · · · · · · · · · ·						
				<u> </u>		
			_·-		<u> </u>	
				·		
· <u> </u>				 -		
				, 		
						
			·			
		<u> </u>	·			
		_				
		<u></u>		_		
						

the date of each amendment(s) at date this document was signed.	agption:	, if other than the
Effective date if applicable:		·
	tno more than 90 days open amendment file dater	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and if z minib $x \in \mathbb{C}^{n}$ of z casi for the amordinent(s) z al.	
☐ There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	-27-14	
Signature	- · · ·	
have not be	rman or vice chairman of the board, president or other officer-if directors sen selected, by an incorporator —if in the hands of a receiver, trustee, or appointed fiduciary by that fitueracy;	
Chen Nag	jid	
	(Typed or printed name of person signing)	
Secretary	/Treasury	
	(Title of person significa)	