## N09000003799

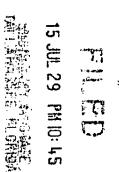
(Request	or's Name)
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(Business	s Entity Name)
(Docume	nt Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	•				
NAME OF CORPORATION:	Coconut Grove Nev	v York Street 3092	-3094 Condo	m. Association	29
	9000003799				PH 10: 45
The enclosed Articles of Amend	iment and fee are subm	nitted for filing.			
Please return all correspondence	e concerning this matter	r to the following:			
DAVLA	BERLEY				
		(Name of Contact Pe	erson)		
		(Firm/ Company	·)		
3094 N	ew York 3.	(Address)			
Mran	, FL 35153	(City/ State and Zin)	Code)		
	FLEYE Gua		ort notification	n)	
TAVID BEAL (Na	,		786.3	90.640	
(Na	ime of Contact Person)		(Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the follo	wing amount made pay	able to the Florida l	Department of	State:	
\$35 Filing Fee	3\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Add			eet Address		
Amendment S Division of C			nendment Sect vision of Corp		
P.O. Box 632	•		rision of Corp. Ron Building	orations.	
Tallahassee, FL 32314			51 Executive C	Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to : Articles of Incorporation of

	of '	<b>運動 </b>
Coconut Grove New York Street 3092-3094 C	ondominum Association	
(Name of Corporation	as currently filed with the Florida De	ept. of State)
N09000003799	* *	
(Docum	nent Number of Corporation (if known)	- F. 6.
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Profi</i>	59 BK
A. If amending name, enter the new name of the	corporation:	
	1	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ne abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	ble: 3094 New 4 DDRESS) Utally 12 3313	onk 8r
(Principal office address <u>MUST BE A STREET AI</u>	Utalliz 3313	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	POVI BARLING	Unda St. A
(matting address MAT BE A FOST OFFICE E	Mani Bear	York Steep
	14 (44) PL 531	<b>3.2</b>
D. If amending the registered agent and/or regis	tered office address in Florida, enter	the name of the
new registered agent and/or the new registered	ed office address:	<u> </u>
Name of New Registered Agent:	JAVID BEDLEY 3094 NewYork SI	
	3094 New York SI	jn
<u>New Registered Office Address:</u>	(Florida sti	reet address)
Commence of the commence of th	Mican For	
	(City)	Florida 33133 (Zip Code)
New Registered Agent's Signature, if changing R	legistered Agent:	
I hereby accept the appointment as registered agent		ligations of the position.
	1001 02010	
_	Signature of New Registered A	gent, 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	V Mik	n <u>Doe</u> e <u>Jones</u> y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Estevao Ghizoni	1450 SW 22nd ST
Add XX Remove			Ft. Lauderdale, FL 33315
2) Change	D	Jamile Ghizoni	1450 SW 22 ST
Add XX Remove	ALDI-CO-MINISTER STATE OF THE PARTY OF THE P		Ft. Lauderdale, FL 33315
3) Change	$\sigma$	David Berley	3094 New York ST
XX Add Remove			Coconut Grove, FL 33133
4) Change	D	Eden Sherman	3092 New York ST
XX AddRemove			Coconut Grove, FL 33133
5) Change		<del> </del>	
Remove			
6) Change			
Add			
Remove			

(attach additional	dding additional Ar sheets, if necessary).	(Be specific)	•		
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<del>V</del>				· · · · · · · · · · · · · · · · · · ·	 

•	•	July 16,2015	
	e date of each amendmen this document was signed		, if other than the
Eff	ective date <u>if applicable</u> :	July 16, 2015	
		(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date will a he Department of State's records.	not be listed as the
Ada	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/v was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	July Dated	16, 2015 	
	< .	4 0 Da 4	
		Journ 1438eley	
		chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
		court appointed fiduciary by that fiduciary)	
	Da	vid Berley	
	•	(Typed or printed name of person signing)	
	Di	rector	
	_	(Title of person signing)	