

NO900005610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279561715

12/28/15--01027--023 **35.00

FILED
15 DEC 28 AM 8:14
TALLAHASSEE, FLORIDA

8376010
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LENOX CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N09000005610

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alberto Bullo

(Name of Contact Person)

(Firm/ Company)

1150 Kane Concourse, 2nd Floor

(Address)

Bay Harbor Islands, Fl. 33154

(City/ State and Zip Code)

gaonlaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto bullo

(Name of Contact Person)

at

305-397-8547

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

LENOX CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000005610

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers.

2. **Methodology:** A cross-sectional survey was conducted among healthcare workers in various hospitals and clinics. The survey included a demographic questionnaire and a validated mental health assessment tool.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. The severity of these symptoms was correlated with factors such as the duration of the pandemic, the intensity of the workload, and the availability of social support.

4. **Conclusion:** The findings highlight the need for mental health support and intervention for healthcare workers during the COVID-19 pandemic. Further research is needed to explore the long-term effects and to develop effective strategies for mental health care.