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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Fax Number

Phone : (305)634-3694 : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN 544-548 FERNWOOD ROAD CONDOMINIUM ASSOCIATION, INC.

| Certificate of Status | 0 |
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October 4, 2012

FLORIDA DEPARTMENT OF STATE

544-548 FERNWOOD ROAD CONDOMINIUM ASSOCIATION, INC. 1548 BRICKELL AVENUE 2ND FLOOR MIAMI, FL 33129

SUBJECT: 544-548 FERNWOOD ROAD CONDOMINIUM ASSOCIATION, INC.

REF: N12000006904

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Registered Agent is not an acceptable signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts Regulatory Specialist II FAX Aud. #: H12000242285 Letter Number: 512A00024690

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P.O BOX 6327 - Tallahassee, Florida 32314

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Articles of Amendment to Articles of Incorporation

544-548 FERNWOOD ROAD CONDOMINIUM ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N12000006904 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Prafit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "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: (Florido screet address) New Registered Office Address: Florida (Lip 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.

Page I of 4

Signature of New Registered Agent, 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 Clark; 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 number. 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. Thuse 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 | <u>i Doe</u> e Lines y Smith | |
|----------------------------------|-------------|------------------------------------|----------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| ()Change | D | VIERIA, KARLA | 1548 BRICKELL AVENUE |
| Add | · | | 2ND FLOOR |
| X Remove | | | MIAMI, FL 33129 |
| 2) Change | D_ | VIEIRA, KARLA | 1548 BRICKELL AVENUE |
| X Add | <u></u> | | 2ND FLOOR |
| Remove | | | MIAMI, FL 33129 |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | Page 2 of 4 | |

| If amending or adding additional Articles (allach additional sheets, if necessary). | (Be specific) |
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Page 3 of 4

| The dat | te of each amendment(s) s | doption: 10/4/17 | _ |
|----------|---|---|---|
| Effectiv | re date <u>if applicable</u> : | (no more than 90 days after amendment file date) | _ |
| Adoptic | on of Amendment(s) | (CHECK ONE) | |
| | e amendment(s) was/were a s/were sufficient for approv | adopted by the members and the number of votes east for the amendment(s) | |
| | ere are no members or men opted by the board of direct | obers entitled to vote on the amendment(s). The amendment(s) was/were tors. | |
| | Dated | 10/9/12 | |
| | (By the cna have not be | irman or vice chairman or the board, president or other officer-if directors can selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | _ |
| | СН | RISTIAN CEVALLOS | |
| | | (Typod or printed name of person signing) | |
| | DIF | RECTOR | |
| | | (Title of person signing) | |

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