

N15000010632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

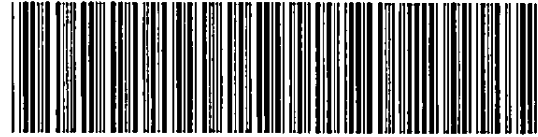
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP -5 PM 5:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend.
9-5-17
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

IVANNIA VAN ARMAN
350 LINCOLN RD., 2ND FL
MIAMI BEACH, FL 33139

SUBJECT: LINCOLN ROAD BUSINESS IMPROVEMENT DISTRICT, INC.
Ref. Number: N15000010632

We have received your document for LINCOLN ROAD BUSINESS IMPROVEMENT DISTRICT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 017A00003464

LINCOLN RD

August 30, 2017

TRANSMISSION VIA FAX 850-245-6897

Dear Darlene,

The attached amendments to the Board of Directors of the Lincoln Road Business Improvement District, Inc. were mailed to the Division of Corporations on August 4th to Carol Mustain's attention. The changes have not yet been made. I spoke with a representative a few moments ago and she suggested I fax this information to you so it could be assigned to someone for processing.

Please let me know when we can expect these changes to be reflected. Feel free to contact me at 305-600-0219 should you have any questions.

Many thanks,



Ivannia Van Arman

305 600 0219 Office
305 517 1307 Fax
350 Lincoln Road, 2nd Floor
Miami Beach, FL 33139

Lincoln Road Business
Improvement District, INC

LincolnRd.com

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lincoln Road Business Improvement District, Inc.
DOCUMENT NUMBER: N15000010632

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

Please return all correspondence concerning this matter to the following:

Ivannia Van Arman

(Name of Contact Person)

Lincoln Road Business Improvement District, Inc.

(Firm/ Company)

350 Lincoln Road, 2nd floor

(Address)

Miami Beach, FL 33155

(City/ State and Zip Code)

IV@LINCOLN RD. LOM

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

For further information concerning this matter, please call:

Ivannia Van Arman

(Name of Contact Person)

at 305 600 0219

(Area Code) (Daytime Telephone Number)

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

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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

*Please note that we have a credit on file due to a previous rejection.

Articles of Amendment
to
Articles of Incorporation
of

Lincoln Road Business Improvement District, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NI5000010632

(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: _____

(Florida street address)

New Registered Office Address:

(City)

_____, Florida

(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

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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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Jeff Weinstein</u>	<u>1111 Lincoln Road</u> <u>Miami Beach, FL 33139</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Idania Sabveiro</u>	<u>420 Lincoln Road</u> <u>Suite 330</u> <u>Miami Beach, FL 33139</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Lyle Stern</u>	<u>1655 Washington Ave</u> <u>PH</u> <u>Miami Beach, FL 33139</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Howard Herring</u>	<u>500 17th Street</u> <u>Miami Beach, FL 33139</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 7/11/17, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/5/17

Signature [Signature]

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ivannia Van Arman
(Typed or printed name of person signing)

Executive Director
(Title of person signing)