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ECKELARY OF STATE

## COR AMND/RESTATE/CORRECT OR O/D RESIGN AT THE GROVE CONDOMINIUM ASSOCIATION BUILDING 1,

Certificate of Status	0
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Page Count	05
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OCT 22 2018

S. YOUNG

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Help

## Articles of Amendment

to Articles of Incorporation of		
LUX AT THE GROVE CONDOMINIUM ASSOCIATION BUILDING 1, INC.		
(Name of Corporation as currently filed with the Florida Dept. of State)	<del>-</del>	
N16000007065		
(Document Number of Corporation (if known)		—
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the amendment(s) to its Articles of Incorporation:	e follo	wing
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.	_The or "Is	пен 10. "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_	<del></del>
	<b>■</b> 紹	- <del>-</del>
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	記言	0001
		9
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:	LORIDA	
Name of New Registered Agent:		
New Registered Office Address:  (Florida strest address)		
Florida		<u></u>
(City) (Zlp Code)  New Registered Agent's Signature, if changing Registered Agent:		
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	<del></del>	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 i a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Dos, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X.Change X. Remove X. Add	<u>V M</u> i	hn Doe ike Jones liv Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	MGR	JCIS HOLDINGS LLC	2423 SW 147 AVENUE #179
Add X Remove			MIAMI, FL 33185
2) Change	MGR	ICM CARTER STREET LLC	2423 SW 147 AVENUE #179
Add		•	MIAMI, FL 33185
Remove 3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
(i) Change Add			
Remove			

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Th	e date of	each amen	i dment(s) adoptio	10/16/2018	
dat	e this doc	ument was	signed.		, if other than
Eff	ective da	te <u>if applic</u>	i able:		
				(no more than 90 days after amendment file date)	
<u>No</u> r	ie: If the ument's e	date inserte effective dat	ed in this block do the on the Departm	es not meet the applicable statutory filing requirements, this date ent of State's records.	will not be listed as the
Add	ption of	Amendme	nt(s)	(CHECK ONE)	
M	The ame	endment(s) e sufficient	was/were adopted for approval.	by the members and the number of votes cast for the amendmen	.t(s)
	There ar adopted	e no memb by the boar	ers or members er rd of directors.	ititled to vote on the amendment(s). The amendment(s) was/were	e
		Dated _	10/16/2018		
		Signature _	Juan Co	rlos Sainz	
			syone chairman o save not been sele	vice chairman of the board, president or other officer-if director sted, by an incorporator - if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	rs
			JUAN CARLO	S SAINZ	
				(Typed or printed name of person signing)	-
			st		
				(Title of person signing)	