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COVER LETTER

TO: Amendment Section Division of Corporations

BLUE SEAS LIVING CONDOMINIUM ASSOCIATION, INC.

NAME OF CORPORATION:	
N16000009045	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
•	/ICTORIA C MAGNUS
	(Name of Contact Person)
AVYAN	NA REALTY LLC
	(Firm/ Company)
100 E. LAS OL	AS BLVD. SUITE 4304
	(Address)
FORT L	AUDERDALE, FL 33301
	(City/ State and Zip Code)
victor	iamagnus6@gmail.com
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	olease call:
Victoria Magnus	847 436-5696
	at
(Name of Contact P	erson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of St	=

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BLUE SEAS LIVING CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida N 16000009045	Dept. of State)	
(Document Num	ber of Corporation (if kno	ewn)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation: N/A	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.		or the abbreviation "Corp. or Inc. [E 4304 FORT LAUDERDALE, FL 3330]
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(5</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 E. LAS OLAS BEAD, SUP	TE 4804 FORT LAUDERDALE, PL 33901
(Stating datess <u>MATERICAL TOST OF FRANCOUS</u>)		
D. If amending the registered agent and/or registered of	fice address in Florida, e	nter the name of the
new registered agent and/or the new registered office MAGN Name of New Registered Agent:	<u>address:</u> US, VICTORIA C	
	LAS OLAS BLVD. SUITE	E 4304
	(Fho	rida street addressa
<u>New Registered Office Address:</u> FORTL	LAUDERDALE	33301 , Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	ed Agent: familiar with and accept t	he obligations of the position.
×	Mithle	Traces
	Signature of New Register	red 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; I'= 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	PT John D Y Mike J SV Sally S	ODES	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change Add	PT	SAIGO, GABRIELLA	3363 NE 163RD ST SUITE 709 North Miami Beach , FL, 33160
X Remove			
2) Change Add	SBC	TULAK-KOVACS, RITA	3363 NE 163RD ST SUITE 709 North Mismi Beach , FL 33160
X Remove 3) Change Add	<u>Tre</u>	SASI, GABRIELLA	3363 NE 163RD ST SUITE 709 North Mismi Beach , FL, 33160
Remove 4) Change Add	<u>PT</u>	MAGNUS, VICTORIA C	100 E LAS GLAS BLVD., SUITE 4304 FORT LAUDERDALE, FL 33301
Remove 5) Change		b \ b	
Add		ı	
6) Change Add		N/A	
Remove E. If amending or add (utach additional shi	ling additional Ar eets, if necessary).	ticles, enter chappe(s) here: (Be specific)	
		N/A	
			

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	DECEMBER 8TH, 2021	
The date of each amendment(s) adoption:	DECEMBER 6111, 2021	, if other than the
date this document was signed.		
Effective date if applicable:	so more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be to State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
-	by the members and the number of votes east for the amendment(s)	

Dat	12.08.2021
Sig	ature
_	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Gabriella Sajgo
	(Typed or printed name of person signing)
	Typed of printed fame of person signing)
	President
	(Title of person signing)