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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Liberty Square Resident	ASS	00.197
DOCUMENT NUMBER: N 170000 2028		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Crystal Corner (Name of Contact Person)		
Crystal Corner (Name of Contact Person) Liberty Square Resident Association, - (Firm/Company)	Inc.	<u>.</u>
6304 NW 14th Avenue		
Miami, Florida 33147		
(vily, mane and styr code)		0.X.
Crystals P82 @gmail.com E-hail address: (to be used to future annual report notification)		
For further information concerning this matter, please call:	173 200 200	名言
Penelope Bivins at 786-469-4133 (Name of Contact Person) (Area Code) (Daytime Telephone N	~7.3 ~. 	- 왕숙명 - 왕 소
(Name of Contact Person) (Area Code) (Daytime Telephone N	umberT.	
Enclosed is a check for the following amount made payable to the Florida Department of State:	4	685
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee 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

Liberty Square Re	sident A	ssociation, In	٢	
N17000	002028			
(Document N	lumber of Corporation	(if known)		
ursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	natutes, this Florida N	ot For Profit Corporation adopts the	e follow	ring
. If amending name, enter the new name of the corp	oration:			
			The n	er
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	•			
. Enter new principal office address, if applicable:	Liberto	Savare Resident	Asso	xiatin I
rincipal office address MUST BE A STREET ADDR	ESS)	NW 14th Avenue		
•	6304	NW 142 Avenue		
	Miami	, Florida 33147		
				
Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
				r")
			1	
. If amending the registered agent and/or registered	office address in Flo	rida, enter the name of the	•	12 <u>22</u>
new registered agent and/or the new registered off			50	
			(7)	SAM
Name of New Registered Agent:			773	김유학
				물을
		(Florida street address)		
New Registered Office Address:			<u> </u>	©:'\ æ:
		Finalda		(0)
	(City)	, Florida (Zip Code)		
	11 14/17	real Concy	•	
ew Registered Agent's Signature, if changing Regist				
hereby accept the appointment as registered agent. I a	m familiar with and a	cept the obligations of the position.		
	Signature of New I	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 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 Doe V Mike Jone SV Sally Smit		
Type of Action (Check One)	<u>Title</u> <u>N</u>	ś <u>ame</u>	<u>Addres</u> s
1) Change Add Remove	<u>S</u> <u>N</u>	Magdala St. Georges	6516 N.W. 14th Court Miami, FC 33147
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add	 –		
6) Change Add Remove			

If amending or adding (attach additional sheets	s, if necessary). (Be	e specific) .			
 					
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,					
V-18-11-					
***************************************			44		
				<u></u>	
			 -		

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this be document's effective date on the f	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment wal.	(5)
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated (2)	Michael Can	
Signature	ninual or vice chairman of the board, president or other officer-if director	
(By the gli have iibcl aither agui	nirman or vice chairman of the board, president or other officer-if director been selected, by an incorporator — if in the hands of a receiver, trustee, or it appointed fiduciary by that fiduciary)	S
	(Fille of person signing)	