N19000010505

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| <u> </u> |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



900372322399

anena

2021 SEP = 3 PM 12 46

SEP 2 4 2021

A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| The Fairchild Condor NAME OF CORPORATION: | ninum Association, I | nc | |
|---------------------------------------------------------------|--------------------------------------------|--------------------|---------------------------------------------|
| N19000010505 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | | |
| Please return all correspondence concerning this matte | r to the following: | | |
| Cooperman, Jeff R, Esq. | | | |
| | (Name of Contact Pe | rson) | |
| ALG | | | |
| | (Firm/ Company |) | |
| 1200 Brickell Ave PH2000 | | | |
| | (Address) | | - |
| MIAMI, FL 33131 | | | |
| | (City/ State and Zip (| Code) | |
| manager@thefairchildcondo.com | | | |
| E-mail address: (to be used | for future annual rep | ort notification | 1) |
| For further information concerning this matter, please | call: | | |
| INGRID CORREA | | 305 | 860-9542 |
| (Name of Contact Person) | at _ | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida I | Department of | State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | | Certifi Certifi | cate of Status ed Copy tional Copy is |
| Mailing Address | | eet Address | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED 2021 SEP -3 PM 12 46

The Fairchild Condomimium Association, INC

| (Name of Corporation as currently filed with the Florida I | Dept. of State) |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| N19000010505 | PASSEE FRANTE, |
| (Document Numb | per of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporat | áon: |
| N/A | The new |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRESS |) |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a | |
| N/A | <u></u> |
| Name of New Registered Agent: | |
| | (Florida street address) |
| New Registered Office Address: | () to the birect day topy |
| | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | |
| | |
| | ignature 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 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 Do V Mike Jo SV Sally Sr | nes | |
|----------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | <u>P</u> | RODRIGUEZ, OSCAR | 1550 MADRUGA AVE., #514 CORAL GALBES, FL 33146 |
| x Remove | | | |
| 2) Change Add | <u>V,T</u> | VADIA, RICARDO | 1550 MADRUGA AVE., #514 CORAL GALBES, FL 33146 |
| x Remove 3) x Change Add Remove | <u>P</u> | COOPER, NORMAN D | 3581 E. GLECOE STREET SUITE 200 MIAMI, FL 33133 |
| 4) Change Add | <u>v</u> | BARON, NATALIE S | 3581 E. GLECOE STREET SUITE 200 |
| Remove | | | MIAMI, FL 33133 |
| 5) Change _ <u>×</u> Add | T,S | ARMSTRONG, THOMAS C | 3581 E. GLECOE STREET SUITE 200 |
| Remove | | | MIAMI, FL 33133 |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | cles, enter change(s) here: (Be specific) | |
| N/A | | | |
| | _ | | |
| | | | |
| | | | |

| • | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | · <u>·</u> |
| | | |
| | - | |
| | | |
| | | |
| | | |
| | | |
| · · · | | |
| | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| The date of each amendment(s) adoptidate this document was signed. | on: 07/27/2021 | , if other than the |
| Effective date if applicable: | | |
| Effective date if applicable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block document's effective date on the Departr | oes not meet the applicable statutory filing requirements, this date will no nent of State's records. (CHECK ONE) | t be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | \mathcal{W} |
| The amendment(s) was/were adopte was/were sufficient for approval. | ed by the members and the number of votes cast for the amendment(s) | - |

| 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 8 12/2021 | | | | | |
| 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) | | | | | |
| NORMAN D. COOPEL | | | | | |
| (Typed or printed name of person signing) | | | | | |
| | | | | | |
| PRESIDENT. | | | | | |
| (Title of person signing) | | | | | |