

NAC 000000 576d

(Requestor's Name)

(Address)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

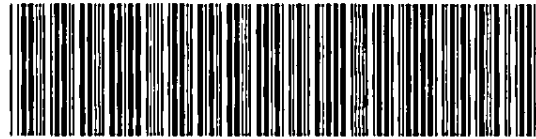
Special Instructions to Filing Officer:

J. HORNE

NOV 12 2021

10/22

Office Use Only



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09/27/21--21007--000 \$35.00

2021 OCT 22 AM 11:12
SECRETARY OF STATE
MAIL ROOM

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 22 AM 8:02

October 5, 2021

SACHA TOURET
2875 NE 191 STREET
SUITE 600
AVENTURA, FL 33180 US

SUBJECT: MAIN STREET LOFTS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N20000005761

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 421A00024195

*Please find a resubmission
attached. Thank you
for your help.*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAIN STREET LOFTS CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N20000005761

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

Please return all correspondence concerning this matter to the following:

Sacha Touret

(Name of Contact Person)

MAIN STREET LOFTS CONDOMINIUM ASSOCIATION, INC.

(Firm/ Company)

2875 NE 191 Street, Suite 600

(Address)

Aventura, FL 33180

(City/ State and Zip Code)

mstein27@gmail.com

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

For further information concerning this matter, please call:

Sacha Touret

954-765-6254

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2021 OCT 22 AM 11:13

MAIN STREET LOFTS CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FL 32399

N20000005761

(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:

N/A

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)

4100 DAVIE ROAD, DAVIE, FL 33314

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4100 DAVIE ROAD, DAVIE, FL 33314

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:

N/A

New Registered Office Address:

(Florida street 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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	<u>PD</u>	<u>SACHA TOURET</u>	<u>2875 NE 191 STREET #600</u> <u>AVENTURA, FL 33180</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>STD</u>	<u>PASCAL COHEN</u>	<u>2875 NE 191 STREET #600</u> <u>AVENTURA, FL 33180</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>D</u>	<u>BERNARD TOURET</u>	<u>2875 NE 191 STREET #600</u> <u>AVENTURA, FL 33180</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>PD</u>	<u>MARC BERNSTEIN</u>	<u>3550 NW 126 TERRACE</u> <u>SUNRISE, FL 33323</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VD</u>	<u>STEPHEN CRISCUOLO</u>	<u>10450 N CAMELOT CIRCLE</u> <u>DAVIE, FL 33328</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>TD</u>	<u>MOHAMED SIRAGE</u>	<u>10450 N CAMELOT CIRCLE</u> <u>DAVIE, FL 33328</u>
<input type="checkbox"/> Remove			


E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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.

- ☒ 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 10/18/2021

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)

SACHA TOURET

(Typed or printed name of person signing)

PD

(Title of person signing)