## N76452

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BAYSIDE VILLAGE EAST CONDOMINIUM ASSOCIATION, INC
DOCUMENT NUMBER: N26952
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ALEX DANZ
(Name of Contact Person)
MARQUIS ASSOCIATION MANAGEMENT
(Firm/ Company)
40304 FISHER ISLAND DR., FISHER ISLAND, FL 33109
FISHER ISLAND, FL 33109
(City/ State and Zip Code)
alexander danza managuishoa.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ALEX DANZ 305 9622618
ALEX DANZ  (Name of Contact Person)  at 305 9622618  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

	ntly filed with the Florida Dept. of State)
N26952	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut 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	tion: The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	40304 FISHER ISLAND DR.
(Principal office address <u>MUST BE A STREET ADDRESS</u>	GSHER ISLAND FL 33109
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	40304 FISHER ISLAND DR.
	fishter Island fl 33109 5 6 89 Ce address in Florida, enter the name of the
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent: JA	SON B. RHUER, P.A.
	BRICKELL AVE 20th FLOOR 3
New Registered Office Address:	
100	(City) , Florida 33131 (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa-	<del></del>
//,	nylature of New Registered Agent, if changing
	Page I of 4

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:

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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	<u>v</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>P</u> _	TRWIN POTASH	2033 FISHER ISLAND DR.
Add			ASHER ISLAND FL
Remove			33159
2) Change	7	LAURIE MELNICK	40304 FISHER ISLAND DR.
Add			FISHER ISLAND FL
Remove			3310g
3) V Change	T	TAMAR RODDNER	40304 FISHER ISLAND DR
Add			ASHER ISLAND FL
Remove			33109
4) Change	S	ANGELES SANCHEZ MAN	USO 40304 FISHER ISLAM) DR
Add			FISHER ISLAND FL
Remove			33159
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

NA						
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Гhе	date of each amer	ndment(s) adoption:	APRIL 2nd	2018	, if other than the
Tarc	this document was	cable: APR	1L 2m 2018		
			no more than 90 days after	r amendment file date)	
	<b>—</b>	ted in this block does ate on the Departmen		atutory filing requirements, this de	ate will not be listed as the
Ado	ption of Amendm	ent(s) (	(CHECK ONE)		
Ø	The amendment(s) was/were sufficien		by the members and the nu	mber of votes east for the amendm	ient(s)
	There are no mem adopted by the bo		itled to vote on the amendr	ment(s). The amendment(s) was/v	vere
	Dated	JULY 1St	2018	_	
	Signature				
		(By the chairman or have not been selec		I, president or other officer-if dire f in the hands of a receiver, trusted try)	
		LAURIE	MENICK		
			(Typed or printed i	name of person signing)	<del></del>
		PRESIDE	νŢ		
			(Title o	f person signing)	