## N46390

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
Office Use Only	



600303151256

09/13/17--01022--022 ++43.75

WILLED BY STATE STATE

SEP 14 7017 T. FARELD

· W

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Building Condominium Association, Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	 are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Dennis Scholl	
	(Name of Contact Person)
The Lauren Building Condominium Association	sn. Inc.
	(Firm/ Company)
924 Lincoln Road, ste. 205	
	(Address)
Miami Beach, FL, 33139	
	(City/ State and Zip Code)
accounting@arteentersf.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Dennis Scholl	305 6748278 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount in	
□ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & \B\$43.75 Filing Fee & \B\$52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation of

The Lauren Building Condominium Association				
(Name of Corporation	n as currer	itly filed with the Florida Dept.	of State)	
N40890				
(Docu	ment Numb	per of Corporation (if known)	······································	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statut	es, this <i>Florida Not For Profit C</i>	Corporation adopts the follo	owing
A. If amending name, enter the new name of th	ie corporat	ion:		
N/A			771	
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		tion" or "incorporated" or the c		new nc."
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET 2		N/A		
<u> </u>	117177112515	, 	· · · · · · · · · · · · · · · · · · ·	
		-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	DAY.	N/A		
(Stating dauress SIAT BE A FOST OF FICE	<u>D(A)</u>			
<ul> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ul>			name of the	
new registered agent and/or the new register	Dennis So			
Name of New Registered Agent:	——————————————————————————————————————			
	924 Linco	oln Road		
N B : 1000 - 11		tFlorida street	address)	
<u>New Registered Office Address:</u>				
	Miami Be	:ach	, Florida	
ĺ		(City)	(Xip Code)	
   <u>New</u> Registered Agent's Signature, if changing	Registered	Agent: /	V / ///	
hereby accept the appointment as registered ager	it. Lam fa	miliar with and accept the obliga	utopoj ike position.	
	S	ignature of New Registered Agen	u, if changing S	7
		Page 1 of 4	BEET FLO	
			등 등 등	

address of each Office (Attach additional shee Please note the officer/e P = President; V = Vice	r and/or Directs, if necessary) director title by President; T= 0 = Chief Finan	tor being added;  the first letter of the office title; Treasurer; S= Secretary; D= Dir cial Officer. If an officer/director	of each officer/director being removed and title, name, and each officer/director being removed and title, name, and each office holds more than one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remo	caves the corpo	ration, $Sally$ Smith is named the $V$	is listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name  -  -	Address
1) Change	S	DEL VALLE, MARIA	924 Lincoln Road, stc. 204
Add			MIAMI BEACH, FL. 33139
X Remove			
2) Change	S	 scholl, dennis	924 Lincoln Road, ste. 205
X Add			MIAMI BEACH, FL. 33139
Remove			
3 ) Change	<u>T</u>	LEDER, PATRICIA	10533 NE 3 CT
Add			MIAMI SHORES, FL. 33138
X Remove			
4) Change			
Add		-	
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			

\_\_ Remove

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
(attach additional sheets, if necessary). (	Be specific) 		
N/A			
·			
-			

•				
	date of each amer this document was	ndment(s) adoption: signed.		if other than the
Eff	ective date <u>if appli</u>		nore than 90 days after amendment file date)	
		ed in this block does no are on the Department of	meet the applicable statutory filing requirements, this date will not be State's records.	listed as the
Ada	option of Amendm	ent(s) ( <u>Cl</u>	IECK ONE)	
	The amendment(s) was/were sufficient		ic members and the number of votes cast for the amendment(s)	
囟	There are no mem adopted by the bo	bers or members entitled ard of directors.	to vote on the amendment(s). The amendment(s) was/were	
	Dated	09/01/2017		
	Signature			
	,	have not been selected,	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)	
		Kin	(Typed or printed name of person signing)	
		Pr	s, dent	
			(Title of person signing)	