N45008

(Re	equestor's Name)		
(Ad	ddress)		
(Ac	ddress)		
(Cit	ty/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
· (Bu	usiness Entity Name)		
(Do	ocument Number)		
Certified Copies	Certificates of Status		
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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	E CONDOMINIUM ASSOCIATION, INC.
N45008 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	nitted for tiling.
Please return all correspondence concerning this matte	er to the following:
DATAN DOROT	
	(Name of Contact Person)
DOROT & BENSIMON, PL	
	(Firm/ Company)
20295 NE 29TH PLACE, SUITE 201	
	(Address)
AVENTURA, FL 33180	
	(City/ State and Zip Code)
INFO@DOROTBENSIMON.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
DATAN DOROT	(305) 921-9421
(Name of Contact Person	
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

3143 DAY AVENUE CONDOMINIUM ASSOCIATION, INC.

	as current	ly filed with the Florida Dept.	of State)	
N45008				
(Docum	nent Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not For Profit Co</i>	orporation adopts the	following
A. If amending name, enter the new name of the	corporation con the corporation con the corporation control corporation control corporation corporatio	on:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or the a	bbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:		20295 NE 29TH PLACE		
(Principal office address <u>MUST BE A STREET A</u>		SUITE 201	•	
		AVENTURA, FL 33180	N C	17
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	20295 NE 29TH PLACE	益 *** ****	1 5U
		SUITE 201	η.	AM AM
		AVENTURA, FL 33180	21; 7: 0:	=======================================
D. If amending the registered agent and/or registered agent and/or the new register			name of the	ھ :=
new registered agent and/or the new register		idress; CORPORATE SERVICES, LL	c:	
<u>Name of New Registered Agent:</u>		·		
	20295 NE	29TH PLACE, STE 201		
New Registered Office Address:		(Florida street d	address)	
	AVENTU	RA	Florida 33180	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			itions of the position.	
-	Sig	gnature of New Registered Agen	t, 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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	1)	CALAMAI, ALEXANDRA S	3143 DAY AVE #B
Add			COCONUT GROVE, FL 33133
x Remove			
2) Change	D	CALAMAI, SIMON	3143 DAY AVE, #B
Add			COCONUT GROVE, FL 33133
X Remove			
3) Change	<u>D</u>	3143 DAY AVE, LLC	5825 SW SUNSET DRIVE
Add			209
X Remove			SOUTH MIAMI, FL 33143
4) Change	D	DATAN DOROT	20295 NE 29TH PLACE
Add			SUITE 201
Remove			AVENTURA, FL 33180
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or addin (attach additional shee	ets, if necessary).	(Be specific)	ge(5) nerg.				
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The date of each amendment date this document was signed		, if other than th
Effective date if applicable:	AUGUST 8, 2017	
<u> </u>	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
☐ There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 🕰	g. 8,2017	
Signature	Mother	
(By the	chairman of vice chairman of the board, president or other officer-if directors not been spected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	17 <i>1</i>
D/	ATAN DOROT	
	(Typed or printed name of person signing)	FI
М	ANAGER	
	(Title of person signing)	. v