

N95000002853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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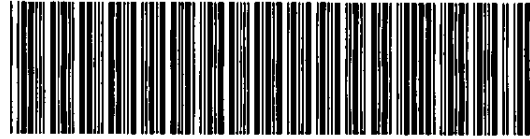
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
14 JUL -8 AM 10:14

Amend
@ 7.24.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **815 Lenox Corp**

DOCUMENT NUMBER: **N95000002853**

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

Please return all correspondence concerning this matter to the following:

Julie Glasgow

(Name of Contact Person)

815 Lenox Corp

(Firm/ Company)

429 Lenox Ave Ste 5C08

(Address)

Miami Beach, FL 33139

(City/ State and Zip Code)

julie@glasgowcpa.com

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

For further information concerning this matter, please call:

Julie Glasgow

(Name of Contact Person)

at (**305**) **809 0101**

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL -8 10:40

815 Lenox Condominium Association Inc

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

N95000002853

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Masses-Valera & Glasgow CPAs
429 Lenox Ave Ste 5C08
Miami Beach FL 33139

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:

Jamie Tarich, Esq. The Tarich Law Firm PA

Ste 606, One Turnberry Place, 19495 Biscayne Boulevard

(Florida street address)

New Registered Office Address:

Aventura

(City)

, Florida

33180-2321

(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

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) <u> </u> Change	<u> D </u>	<u>Mike Couzzi</u>	<u>3780 S Courtenay Pkwy</u>
<u> X </u> Add			<u>Merritt Island, FL 32952</u>

[Remove](#)

2) Change

_____ Add _____

Remove _____

3) Change _____

_____ Add _____

Remove

4) Change _____

Add

[Remove](#)

5) Change _____

_____ Add _____

[Remove](#)

6) Change _____

_____ Add _____

[Remove](#)

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

[illegible]

The date of each amendment(s) adoption: June 23, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ 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 6/26/14

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)

Julie Glasgow

(Typed or printed name of person signing)

Treasurer, Director

(Title of person signing)