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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Lof Dadeland			
N95000003012 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	e submitted for f	iling.		
Please return all correspondence concerning this	matter to the fol	lowing:		
Angela Aspra				
	(Name of)	Contact Person)		_
Advance Management Solutions, Inc.				
	(Firm	(Company)		
9010 SW 137th Ave Suite 231				
	(1)	(ddress)		
Miami, FL 33186				
	(City/ State	e and Zip Code)		
advancemanagementsolutions@ymail.com				
E-mail address: (to be	used for future	annual report notifies	tion)	
For further information concerning this matter, p	lease call:			
Angela Aspra		305 at	383-7132	
(Name of Contact P	erson)		le) (Daytime Telephone Number)	_
Enclosed is a check for the following amount ma	de payable to the	e Florida Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	atus Certified	I Copy Conal copy is Codd) (A	(2.50 Filing Fee ertificate of Status ertified Copy (Idditional Copy is (Idditional Copy is	
Mailing Address		Street Addre	<u>ss</u>	

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

Summit Tower Fof Dadeland Condominium Association, Inc.

(Name of Corporation as curr	rently f	filed with	the Flo	rida Dept.	of State)	
N95000003012		•••			_	
(Document Nur	amber of	f Corpora	ition (if	known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	itutes, th	nis <i>Florid</i>	la Not F	or Profit Co	orporation adopts th	ne following
A. If amending name, enter the new name of the corpor	ration:					
N/A						The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name	oration	" or "inc	orporate	ed" or the a	bbreviation "Corp	
B. Enter new principal office address, if applicable:	N/.	/A				
(Principal office address MUST BE A STREET ADDRES	<u>SS</u>)		-			
C. Enter new mailing address, if applicable:	N/	/A				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		· - ·-				
		_				
						
D. If amending the registered agent and/or registered of	office ac	dd <u>ress</u> in	F <u>lori</u> d:	a, enter the	name of the	
new registered agent and/or the new registered office				<u></u>	·	
Name of New Registered Agent: N/A						
			(.	Florida street i	uldress)	
<u>New Registered Office Address</u> :						
		<u> </u>			Florid a <u></u>	20
	71	City)			(Zīp!Co d e) ≟∴,	000
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am			ad accen	st the obline	anne of the Sixties	
т петелу ассерь те арринишен ак гедіметей адет. Тат	a jamina	w 11 m	на ассер	n ine omiga	rions of the Bostion.	ម ម
						ם [
	Signa	iture of N	ew Regi	stered Agen	t, if changing	
					ξ.,	W

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = Chi 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. Thera change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a CharMike Jones, V as Remove, and Sally Smith, SV as an Add.

Example; <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mik</u>	<u>r Doc</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	1)	Miriam Govantes	
Add X Remove			
2) Change	D	Martha Saldarriaga	C/o Advance Management Solution
X Add			9010 SW 137th Avenue Suite 231
Remove			Miami, FL 33186
3.) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

L. If amending or adding additional Arti- (attach additional sheets, if necessary).	(Be specific)				
				 	
					-
					
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					_
	<u> </u>	<u> </u>	·		
				· · · · · · · · · · · · · · · · · · ·	
					

08/08/2018
The date of each amendment(s) adoption:, if other the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes east 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 09/13/2018
Signature Malacen Floracte
(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 (iduciary by that fiduciary)
VICTORIA FERNANDEZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)