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COVER LETTER

TO: Amendment Section
Division of Corporations

OCEAN DRIVE IMPROVEMENT ASSOCIATION, INC. NAME OF CORPORATION:	دن
N95000005651 DOCUMENT NUMBER:	3
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AL FEOLA	
(Name of Contact Person)	
OHFEO REALTY	
(Firm/ Company)	
760 OCEAN DRIVE	
(Address)	
MIAMI BEACH, FLORIDA, 33139	
(City/ State and Zip Code)	
OHFEO@ATLANTICBB.NET	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at	
(Name of Contact Person) at (Area Code) (Daytime Telephone N	umber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 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

OCEAN DRIVE IMPROVEMENT ASSOCIATION, INC.	?
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
N95000005651	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutoumendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporat	tion:
N/A	The
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 "In
B. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)
	·
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 offi	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	-
	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	l Agent: amiliar with and accept the obligations of the position.
	, , , , , , , , , , , , , , , , , , , ,
S	Signature of New Registered Agent, 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 Type of Action (Check One)		<u>V</u>	John Doo Mike Jor Sally Sm	<u>ies</u>		
		<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1)C	'hange	SD		MIKE PALMA	•	1020 OCEAN DRIVE
XA	Add					MIAMI BEACH, FL
R	Remove					33139
2) X C	hange	PD		MARLO COURTI	NEY	763 COLLINS AVENUE
	Add		•			SUITE 401
	lemove					MIAMI BEACH, FL, 33139
3)0	Change					
A	Add					
R	lemove					
4) C	hange					
A	Add					
R	lemove					
5)C	hange					•
	Add					
R	lemove					
6)C	hange				,	
	Add					
	Remove					

E. If amending or adding additional Articles, enter change(s) here: *(attach additional sheets, if necessary). (Be specific)						
N/A						
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	date of each amendment(s) ad this document was signed.	option:	, if other than the
Effe	ective date <u>if applicable:</u>		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	t be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
Ø	There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	•
	Dated Feb	2,297	
	Signature		
	(By the chairs have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or prointed fiduciary by that fiduciary)	
	MA	RLO COURTNEY	
		(Typed or printed name of person signing)	
	Pre	SIDENT - DIRECON	
		(Title of person signing)	