P13000036098

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: OLD CUTLER LA	KES BY THE BAY RECO	OVERY, INC.		
DOCUMENT NUMBI	ER: P13000036098				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
N	Michael J. Schlesinger, Esq.				
_	•••••••••••••••••••••••••••••••••••••••	Name of Contact Persor	1		
S	SCHLESINGER & ASSOCIATES, P.A.				
_		Firm/ Company			
8	00 BRICKELL AVENUE,	SUITE 1400			
_		Address			
N	MIAMI, FL 33131				
_		City/ State and Zip Code			
MJS@	MJSJD.COM ; ESERVICE(@MJSJD.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MICHAEL SCHLESIN	IGER	at (373-8993		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:		
1 2535 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
A <u>men</u> Divisi P.O.41	ng Address of dment Section; on, of Corporations of Section of Sec	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OLD CUTLER LAKES BY THE BAY RECOVERY, INC.

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P13000036098	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the office address:
new registered agent and/or the new registered o	ffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
•	
No Dodge and According Decision Commencer C	-A
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	ture 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)

ŀ

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 <math>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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ROBERT G. HARDEN	9260 SW 142 ST
Add			MIAMI, FL 33176
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			<u> </u>
Add			
Remove			

	n <mark>g or adding addi</mark> ditional sheets, if n	ecessary). (i	Be specific)				
					<u> </u>		
							
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provision:	ndment provides t is for implementir	ng the amendr	ge, reclassifica ment if not cou	ation, or cancel	llation of issued	shares. If:	
(if noi	applicable, indic	ate N/A)					
				· · · · ·			
		 .					
				•			
							
						· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	.(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Land Harler	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
IRMA HARDEN	
(Typed or printed name of person signing)	, 12 , , , , , , , , , , , , , , , , ,
PERSONAL REPRESENTATIVE OF ROBERT G. HARDEN	
(Title of person signing)	