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Amend C.COULLIETTE

DEC 0 3 2008

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Mind H	Dizon Condominion Inc.	
DOCUMENT NUMBER: 7/14	79	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Sawan Berlins (Name of C	Contact Boycon)	
Peliable Property Uswage (Fight)  18590 NW 67AVZ	# 200B	
histori , FLA (City/State	330/5 and Zip Code)	
For further information concerning this matter, ple	ease call:	
Sauden Barrios (Name of Contact Person)	at ( <u>305</u> ) <u>364-894(</u> (Area Code & Daytime Telephone Num	ber)
Enclosed is a check for the following amount mad	le payable to the Florida Department of Sta	ate:
\$\frac{1}{3}\$5 Filing Fee & Certificate of Status	(Additional copy is Certified	te of Status l Copy nal Copy
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

Thind Houizon Condon		THE.	
(Name of Corporation as currently)	_	orida Dept. of Sta	ate)
. (Document Number o	·	`known)	
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorpo		Florida Not For P	Profit Corporation adopts
A. If amending name, enter the new name of the o	corporation:		
The new name must be distinguishable and containable abbreviation "Corp." or "Inc." "Company" or "Co  B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Beauty and Company of the new registered agent and Company or The New Yegistered	o." may not be us  le: DDRESS )  OX  ered office addr	ess in Florida, en	BONOV 26 M B 46 TATE AND SEE FLAME
Name of New Registered Agent:			
New Registered Office Address:	(Florida sti	reet address)	
<del></del>	(Ci	ty)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Relation I hereby accept the appointment as registered agent position.			pt the obligations of the
Signat	ure of New Regi	stered Agent, if che	anging

If amending the Officers and/or Directors, enter temoved and title, name, and address of each Officers (Attach additional sheets, if necessary)	the title and name of each officer/director being ficer and/or Director being added:
Title Name  President - Alberto Rivera	Address  1530 Ne 1915 + #241  N. M. Au.: Bol Fl.  33179
Director - Meretha Creara	1530 NE F1/st # 206  Nilliani BCh F1  Remove
Pasidant - Alicia Antiga	1530NE 1915+, #308 Add  1. luiteni BC+ 17 Remove
E. If amending or adding additional Articles, ent (attach additional sheets, if necessary). (Be spe	<del></del>
Vice-P Celso Cipolla	1530NE191ST #307 18 ALL
socretary - Felicia Alamina	1530NE191St # 302 AND
TRANSPE - OLGA BELTRAN	(530NE 1915t # 326 PAN
Director - Cynthia P. Loury	1530 NE 1915+ # 303 @ Add
Director - Blanche Lewis	1530NS191St # 304 Add
· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	ctober 23, 2009 cctober 24, 2008
Effective date if applicable:	atober 24, 2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wee was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	NO Van ber 10, 2008
Signature	the chairman or vice chairman of the board, president or other officer-if directors
hav	re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Pus Heart.
	(Title of person signing)

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