717062

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SECRETARY OF STATE
SECRETARY OF STATE

10/18/11

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPO	PRATION: THREE	HORIZONS, EAST	CONDOMINIUM TUC.
DOCUMENT NUM		17062	
The enclosed Articles	s of Amendment and fee are s	submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
		SHAPIRS of Contact Person)	
	USA (Fi	Management	·
	(TREASULE COVE	
		(Address) hande(dale, Matte and Zip Code)	
	(City/ S	State and Zip Code)	
	E-mail address: (to be u	sed for future annual report notific	ation)
For further information	on concerning this matter, ple	ase call:	PROPERTY
	SHAPIRIO	at (954) 964	me Telephone Number)
(Name	of Contact Person)	(Area Code & Daytii	me Telephone Number)
Enclosed is a check for	or the following amount made	e payable to the Florida Departmen	t of State:
₩\$35 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)
Amen	ng Address adment Section and of Corporations	Street Address Amendment Section Division of Compretic	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

FILE	D
2011 OCT 17	PM 12: 40
5811001	- ETATE

Art	icles of Incorporation	2011 OCT 17 PM 15	2: 40
Three Horiz (Name of Corporation as cur	of ONS East (rently filed with the Florid	CONSTRUCTOR	M, Inc.
(Document Nu	mber of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of		ida Not For Profit Corporat	ion adopts
A. If amending name, enter the new name	of the corporation:		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE			
C. Enter new mailing $Q^{Q^{A}}$, if applicable (Mailing address MACABE A POST OFF)			
D. If amending the registered agent and/or		n Florida, enter the name o	<u>f the</u>
new registered agent and/or the new reg	istered office address:		
New Registered Office Address:	(Florida street d	address)	
	(City)	, Florida (Zip Code	 -
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		vith and accept the obligation	ons of the
	Signature of New Registered	d Agent, if changing	

Page 1 of 3

+	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)				
	Title	Name SHIRLRY ADAMS	12500 NE 15 Aug 30 miami, FL 33/W	Type of Action Add Remove	
	$\overline{\mathcal{D}}$	TITO DALLAUALLE	12502NE 15 Au Miami EC 33161	Add Remove	
*)(P)ease	see attAched	List	Add Remove	
	E. If amending (attach addit	g or adding additional Articles, enter ch ional sheets, if necessary). (Be specific,	ange(s) here:)		

Three Horizons East Condominium Association, Inc. 12500 NE 15th Avenue North Miami, FL 33161

FEI Number: 59-1438436 /717062

Please file with the Division of Corporations the following changes:

<u>Director</u>: <u>Officer / Director</u>:

Bell, Ida President

12500 NE 15th Avenue #305 North Miami, FL 33161

North Miami, FL 33161

North Miami, FL 33161

Latta, Albert Vice President 12500 NE 15th Avenue #314

Schreiber, Alan Secretary / Treasurer 12500 NE 15th Avenue #611

North Miami, FL 33161

Franco, John Director 12500 NE 15th Avenue #512 North Miami, FL 33161

Ana Flores Director 12500 NE 15th Avenue #415

Ken Wynn Director 12500 NE 15th Avenue #411 North Miami, FL 33161

Colleen Fernandes Director 12500 NE 15th Avenue #30

Delete the following Directors:

North Miami, FL 33161

Adams, Shirley 12500 NE 15th Avenue #306 North Miami, FL 33161

Dallavalle, Toto 12500 NE 15th Avenue #604 North Miami, FL 33161