

717062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

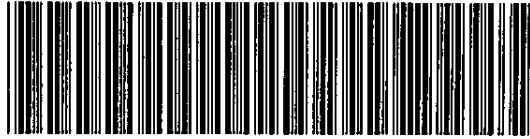
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000268695110

01/28/15--01015--009 **35.00

FILED
15 FEB 18 PM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00547, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Three Horizons, East, Condominium, Inc.

DOCUMENT NUMBER: 717062

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ray Strauss

(Name of Contact Person)

Law office of Ray Strauss, P.A.

(Firm/ Company)

17270 NE 19 ave

(Address)

North Miami Beach, FL 33162

(City/ State and Zip Code)

Raystraus@bellsouth.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 18 PM 4:12

FILED

For further information concerning this matter, please call:

Ray Strauss

(Name of Contact Person)

at (**305**) **940-7711**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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



RECEIVED

15 FEB 18 PM 4:44

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

January 30, 2015

Ray Strauss
Law Office of Ray Strauss, P.A.
17270 NE 19 Ave.
North Miami Beach, FL 33162

SUBJECT: THREE HORIZONS, EAST, CONDOMINIUM, INC.
Ref. Number: 717062

We have received your document for THREE HORIZONS, EAST, CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 215A00001960

Articles of Amendment
to
Articles of Incorporation
of

Three Horizons, East, Condominium, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

717062

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Ray Strauss, P.A.

17270 NE 19 ave

(Florida street address)

New Registered Office Address:

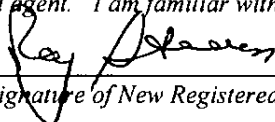
North Miami Beach, Florida 33162

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

FILED
15 FEB 19 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Ida Bell</u>	<u>17270 NE 19 ave</u> <u>North Miami Beach</u> <u>FL 33162</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Collene Fernandes</u>	<u>17270 NE 19 ave</u> <u>North Miami Beach</u> <u>FL 33162</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Luis Acevedo</u>	<u>17270 NE 19 ave</u> <u>North Miami Beach</u> <u>FL 33162</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Johnny Franco</u>	<u>1430 NE 15 ave</u> <u>Miami, FL 33125</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Ana Flores</u>	<u>1430 NW 15 ave</u> <u>Miami, FL 33125</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Manuel Olivares</u>	<u>1430 NW 15 ave</u> <u>Miami, FL 33125</u>

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast 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 1/20/15

Signature X Ida Bell
 (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 fiduciary by that fiduciary)

Ida Bell
 (Typed or printed name of person signing)

President
 (Title of person signing)

FULL PDU
 15 FEB 18 PM 4:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA