

717229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

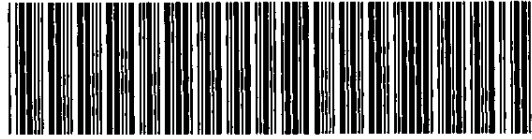
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Amend*

OCT 31 2012

T. LEWIS

**COVER LETTER**

✓ TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: 821 - 82<sup>nd</sup> Street Condominium, Inc.

DOCUMENT NUMBER: 717229

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

Please return all correspondence concerning this matter to the following:

Carlos G. Aponte

(Name of Contact Person)

(Firm/ Company)

821 - 82<sup>nd</sup> Street, Apt#3

(Address)

Miami Beach, FL 33141

(City/ State and Zip Code)

carlosaponte@gmail.com

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

For further information concerning this matter, please call:

Carlos G. Aponte

(Name of Contact Person)

at ( 502 ) 417-7681

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED

OCT 30 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

821 - 82<sup>nd</sup> Street Condominium, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

717229

(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)

821 82<sup>nd</sup> Street

Miami Beach, FL 33141

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3933 Biscayne Blvd

Miami, FL 33137

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:

Carlos Aponte

821 82<sup>nd</sup> Street No 3

(Florida street address)

New Registered Office Address:

Miami Beach

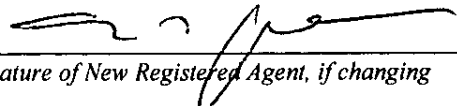
(City)

Florida 33141

(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





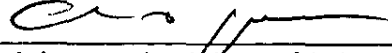
✓ The date of each amendment(s) adoption: October 19<sup>th</sup> 2012

Effective date if applicable: October 19<sup>th</sup>, 2012  
*(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 10/19/2012

Signature 

(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)

CARLOS L. APONTE  
(Typed or printed name of person signing)

P. D.  
(Title of person signing)