

719951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

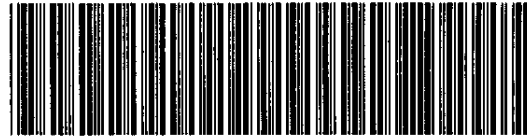
(Business Entity Name)

(Document Number)

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10/06/14--01025--017 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT 24 PM 3:25

Amend
@ 10.10.27.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COMMODORE PLAZA CONDOMINIUM ASSOC, INC,

DOCUMENT NUMBER: 719 951

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

Please return all correspondence concerning this matter to the following:

JERRY HARTOG
(Name of Contact Person)

COMMODORE PLAZA CONDOMINIUM ASSOC,
(Firm/ Company)

2780 NE 183 ST,
(Address)

AVENTURA, FL 33160
(City/ State and Zip Code)

MANAGER@CCPCA CONDO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELMA Iglesias, LCAM at (305) 931-5217
(Name of Contact Person) (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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED OCT 20 2014

October 14, 2014

JERRY HARTOG
COMMODORE PLAZA CONDOMINIUM ASSOCIATION
2780 NE 183RD STREET
AVENTURA, FL 33160

SUBJECT: COMMODORE PLAZA CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 719951

We have received your document for COMMODORE PLAZA CONDOMINIUM ASSOCIATION, 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):

An amendment is the form you must submit the make the changes you wish to make.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 714A00022016

Corrected attached!

RECEIVED

14 OCT 24 PM 4:36

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

COMMODORE PLAZA CONDOMINIUM ASSOC. INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

719 951
(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)

2780 NE 183 ST
AVENTURA, FL. 33160

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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

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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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-------------------|---|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>BENITO GUZMAN</u> | <u>2750 NE 183 ST</u>
<u># 311</u>
<u>AVENTURA, FL, 33160</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>WILLIAM RAINE</u> | <u>2780 NE 183 ST</u>
<u># 1804</u>
<u>AVENTURA, FL, 33160</u> |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP</u> | <u>SASSON DARWISH</u> | <u>2780 NE 183 ST</u>
<u>#1716</u>
<u>AVENTURA, FL, 33160</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>OLGA SMITH</u> | <u>2750 NE 183 ST</u>
<u># 616</u>
<u>Aventura, FL, 33160</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>GUIDO CYTRYN</u> | <u>2750 NE 183 ST.</u>
<u>#1810</u>
<u>AVENTURA, FL, 33160</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NO AMENDMENT

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 9/18/14

Signature Jerry Hartog
(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)

JERRY HARTOG
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)