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SECRETARY OF STATE

Amend C.COULLIETTE

MAR 3 1 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Clinton A	ssociation, Inc.	
DOCUMENT NUM	BER: 728578		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
· 		indo Arrom	
	(Name of	Contact Person)	
	Britannia Rea	lty Management, Inc.	
	(Firm	n/ Company)	
	10556 NW	26 St, Ste D-203	
	(Address)	
	Dora	al, Fl 33172	
<u></u>	(City/ Sta	te and Zip Code)	
		m@aol.com ed for future annual report noti	fication)
For further informati	on concerning this matter, pleas	e call:	
Orlando Arrom		at (305) 594-5	969
(Name	of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departm	nent 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 Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations enter Circle

Articles of Amendment to Articles of Incorporation of

The Clinton Associatio	on, Inc.				
(Name of Corporation as currently filed with	the Florida Dept. of State)				
728578					
(Document Number of Corporat	ion (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit</i> C	Corporation adopts			
A. If amending name, enter the new name of the corporation	<u>n:</u>				
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	"corporation" or "incorpore the used in the name.	ated" or the			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		OF THE			
•		- SS			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10556 NW 26 St, Ste D-	203 F. O. D. J. C.			
	Doral, Fl 33172				
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		e name of the			
Name of New Registered Agent: Orl	lando Arrom				
10556 NV	N 26 St, Ste D-203				
New Registered Office Address: (Flor	ida street address)				
		orida 33172 (Zip Code)			
position.	familiar with and accept the Registered Agent, if changing	• ·			
Page 1 of 3	Acquiereu Agent, ij trunging	·			

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action		
PD	Dolores Milanes	6545 Indian Creek Drive # 209 Miami Beach, Fl 33141	☐ Add ☑ Remove		
BM	Gladys Costales	1623 Collins Ave, # 714 Miami Beach, Fl 33139	- □ Add □ Remove		
<u>D</u>	Laura Salas	6545 Indian Creek Drive # 504 Miami Beach, Fl 33141	_ □ Add □ Remove		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
					
			·· ·		

The date of each amendment	t(s) adoption: March oth, 2010
• Effective date <u>if applicable</u> :	March 6th, 2010 (date of adoption is required)
	(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) proval.
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	13/24/2610 (Just =)
(By	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator — if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	OSCAR ALVAREDA
	(Typed or printed name of person signing)
	Vice-President
	(Title of nerson signing)