

737518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

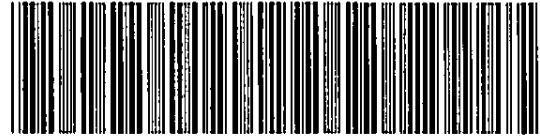
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SEP 14 2017
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 SEP 13 AM 10:21

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2017

MARBELLA TOWER OWNERS ASSOCIATION, INC
THE CREAM GROUP
7301 NW 4 STREET #104
PLANTATION, FL 33317

SUBJECT: MARBELLA TOWER OWNERS ASSOCIATION, INC.
Ref. Number: 737518

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2017 SEP 13 PM 2:39

We have received your document for MARBELLA TOWER OWNERS 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The date of adoption of each amendment must be included in the document.

ALL PAGES NOT RECEIVED

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 517A00017263

RECEIVED
17 SEP 13 PM 13:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARBELLA TOWER OWNERS ASSN INC

DOCUMENT NUMBER: 137518

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

Please return all correspondence concerning this matter to the following:

EDGAR LAFAURIE
(Name of Contact Person)

THE CREAM GROUP
(Firm/ Company)

1301 NW 4 St #104
(Address)

PLANTATION, FL 33317
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

_____ at _____
(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:

- \$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

Articles of Amendment
to
Articles of Incorporation

Marbella Tower Owners Association, Inc.

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

737518

(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: _____

(Florida street address)

New Registered Office Address: _____

(City)

Florida

(Zip Code)

FILED
SEP 13 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>
<input type="checkbox"/> Change	<u>VP</u>	<u>FRANK ORTONE</u>	<u>7301 NW 4 St.</u> <u>STE 104</u> <u>PLANTATION, FL 33317</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
<input type="checkbox"/> Change	<u>VP</u>	<u>MARIYA KASHIN</u>	<u>7301 NW 4 St.</u> <u>STE 104</u> <u>PLANTATION, FL 33317</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change	<u>T&S</u>	<u>MARIYA KASHIN</u>	<u>7301 NW 4 St. STE 104</u> <u>PLANTATION, FL 33317</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
<input type="checkbox"/> Change	<u>T&S</u>	<u>FIDAN GHOLAMI</u>	<u>7301 NW 4 St.</u> <u>STE 104</u> <u>PLANTATION, FL 33317</u>
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

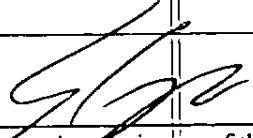
effective date if applicable: _____
(no more than 90 days after amendment file date)

g: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
amendment's effective date on the Department of State's records.

option 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 6-30-17

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)

EDGAR CATAURIE

(Typed or printed name of person signing)

PROPRY MANAGER

(Title of person signing)