

745160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

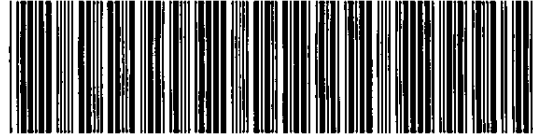
(Business Entity Name)

(Document Number)

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16 JUL 19 PM 4:19
SECTION OF STATE
DIVISION OF CORPORATIONS

JUL 19 2016
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 JUL 18 PM 5:15

STATE
DIVISION OF
CORPORATIONS

July 7, 2016

MARIA E. FERNANDEZ
PLAZA OF THE AMERICAS PART I
16909 N. BAY ROAD
SUNNY ISLES BEACH, FL 33160

SUBJECT: PLAZA OF THE AMERICAS PART I CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: 745160

We have received your document for PLAZA OF THE AMERICAS PART I
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):

The incorrect form was submitted. Please complete form pursuant to a Florida
Not For Profit Corporation, section 617.

The date of adoption/authorization of this document must be a date on or prior to
submitting the document to this office, and this date must be specifically stated in
the document. If you wish to have a future effective date, you must include the
date of adoption/authorization and the effective date. The date of
adoption/authorization is the date the document was approved.

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

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

If you have any questions concerning the filing of your document, please call
(850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 016A00014252

16 JUL 19 PM 1:58
STATE
DIVISION OF
CORPORATIONS

COVER LETTER

RECEIVED
DIVISION OF CORPORATIONS
16 JUL 17 09 4: 48

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION INC

DOCUMENT NUMBER: 745160

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

Please return all correspondence concerning this matter to the following:

MARIA E. FERNANDEZ - PROPERTY MANAGER
(Name of Contact Person)

PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION INC.
(Firm/ Company)

16909 N. BAY ROAD
(Address)

SUNNY ISLES BEACH, FL 33160
(City/ State and Zip Code)

mplazaoftheamericas1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA E. FERNANDEZ at 305 974-0364
(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
of

PLAZA OF THE AMERICAS Part I (COND)

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

74516D

(Document Number of Corporation (if known))

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JUL 19 PM 4:18

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:

_____, 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

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>NORMAN ALVAREZ</u>	<u>16909 NORTH DAY ROAD #719</u> <u>SUNNY ISLES BEACH, FL 33160</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>IGOR A. VASSILIEV</u>	<u>16909 NORTH DAY ROAD #301</u> <u>SUNNY ISLES BEACH, FL 33160</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: 6/22/2016, if other than the date this document was signed.


Effective date if applicable: 6/22/2016
(no more than 90 days after amendment file date)

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

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 6/22/2016

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)

JENIFFER VISCARRA
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)