N0000002343

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PłCK-UI	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	Las Cascada	as Homeowners' <i>F</i>	Association, Inc.
NAME OF CORPORATION: Las Cascadas Homeowners' Association, Inc. DOCUMENT NUMBER: N0000002343			
	of Amendment and fee are sul	omitted for filing.	
	pondence concerning this mat		
	Brian Barakat,	Esa.	
Brian Baranat,		Name of Contact Person	
Barakat Law, P			
Firm/ Company			
2701 Ponce de Leon Blvd, Suite 202			uite 202
Address			
	Coral Gables, FL 33134		
		City/ State and Zip Code	
hris	an@triallawmia	mi com	
<u> </u>		sed for future annual report	notification)
			,
For further information	n concerning this matter, pleas	se call:	
Brian Baral	kat	ar (305	_{.)} 444-3114
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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		Street Address	
Amo	endment Section	Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301



August 19, 2013

BRIAN BARAKAT 2701 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES, FL 33134

SUBJECT: LAS CASCADAS HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N00000002343

We have received your document for LAS CASCADAS HOMEOWNERS' 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 313A00019716

Articles of Amendment to Articles of Incorporation

		of			
Las Cascadas Homeo	wners' A	ssociation, inc.			
(Name of Corporation an cust entire	iled with the Flo	rida Dept, of State)			
N00000002343	·				
(Decilm	ant Number of Co	orporation (if known)			
Pursuani to the provisions of section 617,100 amendment(s) to its Articles of Incorporation		a, this Florida Not For Profit Corpon	ntion adopts the following	ţ	
A. Hamendhie name, ontar the new pants	of the cornoral	<u>oni</u>			
n/a	,		The new		
name must be distinguishable and contain th	a word "corporal	llon" or "incorporated" or the abbrev			
"Company" or "Co," may not be used in fig	<u>e nama</u> .	m 1-	77 - 7 74 - 7 1- 78	ಪ	•
B. Enter new principal office address, if a	ibbijcapjet	n/a		S	
(Principal office address MUST BR A STR	<u>eet address</u>)			.	-
		,	\$ \text{\$\frac{1}{2} \text{\$\fin} \text{\$\frac{1}{2} \text{\$\fin}	30	[
	•			32	[T]
C. <u>Enter new mailing address, if applical</u> (Mailing address MAX RE A POST OF		n/a			
(manaly agarest max be a post of	PICE BUA		- In	25	
				Ψ.	
•	•				
D. If amonding the registered agent and/o	offic hereitigat w	ea address in Florida, enfor the name	s of the		
new registered agent and/or the new r	enistered office A	ddress;			
Name of New Registered Agent:	1/a				
_		(Placida street address)			
New Ragistered Office Address.					
		, Florida	<u> </u>		
	(Clh)		(Zip Code)		
New Repistered Agent's Signature; if char I heraby accept the appointment as registere	nging Registered ed agent. I com fa	Agent: miliar with and accept the obligations	of the position.	•	
	Signature of New	Registered Agent. If changing	•	-	
	•		•		

Page 1 of 4

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: X_Change X_Remove X_Add		John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	T	Eduardo Gomez	
Add X Remove			
2) Change	D	Vielda Hernandez	
Add X Remove			·
X 3)Change	T	Kathy Sosa	% Barakat Law, P.A.
-			2701 Ponce de Leon Blvd.
Add Remove			Coral Gables, FL 33134
4) Change	D	Alfredo Bolanos	% Barakat Law, P.A.
X Add			2701 Ponce de Leon Blvd.
Remove		•	Coral Gables, FL 33134
5) Change .	D	Alison L. Laboissonniere	% Barakat Law, P.A.
X Add		•	2701 Ponce de Leon Blvd.
Remove			Coral Gables, FL 33134
6) Change			
Add			
Remove			
Kemove		•	

E. If amending or adding additional Articularly additional Articularly additional sheets, if necessary).	icios, enter change(s) haco: (Be weetife)
•	(an option)
N/A	
•	
• • • • • • • • • • • • • • • • • • • •	
<u></u>	·
	4
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Page 3 of 4

_ if other than the The date of each amendmen((s) adoption: 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 amendmoni(s) was/wore adopted by the members and the number of votes east for the amendment(s) wastwere 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 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) Andreas H. Kelly

(Typed or printed name of person signing)

President

(Title of person signing)