



(Requestor's Name)

**ACCOUNTING DEPT.**

760 Ponce de Leon Blvd.  
Coral Gables, FL 33134

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

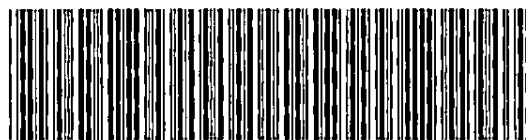
(Business Entity Name)

(Document Number)

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10/16/18--01018--003 \*\*35.00

11/28/18--01022--003 \*\*43.75

*And*

R. WHITE  
NOV 29 2018

**FILED**  
2018 NOV 26 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2018

ACCOUNTING DEPT.  
760 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

SUBJECT: 75 W. COMMERCE CENTER CONDOMINIUM ASSOCIATION, IV,  
INC.  
Ref. Number: N01000002022

We have received your document for 75 W. COMMERCE CENTER  
CONDOMINIUM ASSOCIATION, IV, 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 submitted does not meet the filing requirements of this office.  
Please see the enclosed information.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 818A00021778

RECEIVED  
2018 NOV 26 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: 75 W. COMMERCE CENTER CONDOMINIUM ASSOCIATION, IV, INC.

DOCUMENT NUMBER: NO1000002022

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

Please return all correspondence concerning this matter to the following:

YAZANT PEREZ CARDENAS  
(Name of Contact Person)

SOUTHEASTERN HEALTH COMPANY  
(Firm/ Company)

760 PONCE DE LEON BLVD  
(Address)

CORAL GABLES, FL 33134  
(City/ State and Zip Code)

yazant.perez@fhcsn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yazant Pérez Cardenas at (786) 853-2708  
(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 checked="" 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

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

2018 NOV 26 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FL

71 W. COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO1000002022

(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:

N/A

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)

760 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

760 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

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:

WILFRED BRACERAS

760 PONCE DE LEON BLVD

(Florida street address)

New Registered Office Address:

CORAL GABLES

(City)

Florida

33134

(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.

x Wilfred Braceras

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>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>SEGURA, SERGIO</u>	<u>8105 W. 31 STREET</u> <u>HIALEAH, FL 33018</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VDT</u>	<u>BERGOLLA, ELSA</u>	<u>8115 W. 31 AVENUE</u> <u>HIALEAH, FL 33018</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>MARTINEZ, GABRIELLE</u>	<u>8105 W. 31 STREET</u> <u>HIALEAH, FL 33018</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VSTD</u>	<u>BRACERAS, WILFRED</u>	<u>760 PONCÉ DE LEÓN BLVD</u> <u>CORAL GABLES, FL 33134</u>
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	_____	_____	_____

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

N/A

The date of each amendment(s) adoption: SEPTEMBER 18th, 2018 if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 11/12/2018

Signature X [Handwritten 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)

WILFRED BRACERAS  
(Typed or printed name of person signing)

VSTD  
(Title of person signing)