# N02000002607

(Requestor's Name)	
(Address)	
,	
(Address)	
·	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(D) (E) (N)	
(Business Entity Name)	
(Document Number)	,
Certified Copies Certificates of Sta	itus: 2004.5 a
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

Amend

TB

SEP - 1 2009

#### **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Collin 5 View Condominium  Name of Corporation				
DOCUMENT NUMBER: NUO2000003607				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Vuelle (odri vez				
Logg +15 1-1 Estate Mgat.				
309 231d Stroot #300				
Min Min Bon do, FC 33139  City/State and Zip Code  () eHe of Togo ffs real Estudo a com  E-majl address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Vic He Actrisue 7 at 308 673-19 40 Name of Contact Person Area Code & Daytime Telephone Numb	et -			
Enclosed is a \$35.00 check made payable to the Department of State.				
Malling Address: Street Address:				
Amendment Section Amendment Section  Division of Comparations				
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301



July 22, 2009

YUETTE RODRIGUEZ REGATTA REAL ESTATE MGMT 309 23RD ST #300 MIAMI BEACH, FL 33139

SUBJECT: COLLINS VIEW CONDOMINIUM, INC.

Ref. Number: N02000002607

We have received your document for COLLINS VIEW CONDOMINIUM, 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 current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

Please submit only the Articles of Amendment.

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) 245-6925.

Letter Number: 509A00025143

Teresa Brown Regulatory Specialist II

Division of Cornerations - P.O. BOY 6327 - Tallahassaa, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

JUL **2 7** 2009

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Letter Number: 509A00025143

### **Articles of Amendment**

Articles of Incorporation				
0 21 00 11	of	1 1		
Collins View Condominium, Inc.				
(Name of Corporation as currently filed with the Florida Dept. of State)				
	00000		<del></del>	
(Document N	umber of Corporat	ion (if known)		
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		, this <i>Florida Not For Pr</i>	ofit Corporation adopts	
A. If amending name, enter the new name	of the corporatio	<u>n:</u>		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word or "Co." may no	"corporation" or "inco to be used in the name.	rporated" or the	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE				
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		>	AUG 31 AM 9: 52 ALLAHASSEE, FLORID	
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office gistered office add	address in Florida, ente	er the name of the	
Name of New Registered Agent:	Weilton ?	Jones + Branne	- F.***	
New Registered Office Address:	1999 S.w	· 27 hAvenne ida street address)	-	
	Miami		, Florida 33145 (Zip Code)	
		(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				

New Reg I hereby 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)

<u>Title</u>	Name	Address	Type of Action
D	Brish Fisher	Migmillerd FC	Add Remove
UP	Juan Wasar	335 Collins Are	☐ Add ☐ Remove
	<del></del>		☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter clional sheets, if necessary). (Be specifically of the second	· · · · · · · · · · · · · · · · · · ·	officek 100

The date of each amendment(s) adoption:	
· · · · ·	(date of adoption is required)
Effective date if applicable:	JUN 8 18, 800 ].
(no n	nore than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
have not been sele	vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)
Y DAG	Typed or printed name of person signing)
× /	(Title of person signing)