

12-12-22

N04 000007157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

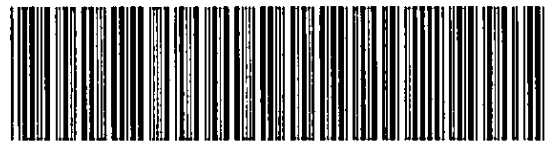
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ST 12-12-22

Office Use Only



200392604412

08/15/22--01005--015 ♦+35.00

2023 DEC 12 09:19

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2022

TATIANA SANCHEZ
LATITUDE RIVERFRONT PLAZA MASTER ASSOC
185 SW 7 STREET, STE 1200
MIAMI, FL 33130

SUBJECT: LATITUDE RIVERFRONT PLAZA MASTER ASSOCIATION, INC.
Ref. Number: N04000007157

We have received your document for LATITUDE RIVERFRONT PLAZA MASTER 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 form you submitted is for a Profit Corporation, but your entity is a Not for Profit Corporation. Please complete and return the enclosed blank form(s).

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) 245-6862.

Sean Toner
Director

Letter Number: 222A00026218

Correct Form Attached

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED

NAME OF CORPORATION: LATTITUDE RIVERFRONT PLAZA MASTER ASSOCIATION, INC 2023 DEC 12 PM 12:19

DOCUMENT NUMBER: N04000007157

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

Please return all correspondence concerning this matter to the following:

TATIANA SANCHEZ

(Name of Contact Person)

LATTITUDE RIVERFRONT PLAZA MASTER ASSOCIATION, INC

(Firm/ Company)

187 SW 8 STREET, STE A

(Address)

MIAMI, FL 33130

(City/ State and Zip Code)

TSANCHEZ@PEABODYPROPERTIES.COM

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

For further information concerning this matter, please call:

JACQUELINE GARCIA

305

358-1134

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

LATITUDE RIVERFRONT PLAZA MASTER ASSOCIATION, INC

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

N04000007157

(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:

_____, 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

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

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

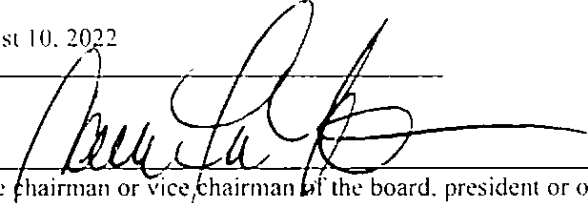
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document’s effective date on the Department of State’s records.

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 August 10, 2022 _____

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)

Karen Fish-Will

(Typed or printed name of person signing)

President

(Title of person signing)