N05000008707

| P. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Requestor's Name) |
| |
| |
| (Address) |
| |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| (Oity/State/Zip/Filone #) |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| |
| (Document Number) |
| |
| Codified Copies : Codificates of Status |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}\}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sq}}}}}}}\signt{\sqnt{\sqrt{\sq}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}\signt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\signt{\sqrt{\sq}}}}}}} |
| 1/0/12 |
| (), do XV 16 51 |
| 10/A 1/A |
| -/ ma /b |
| |
| |

Office Use Only



700157073377

07/13/09--01015--013 **35.00

O9 AUG -3 AH II: 25
SECRETARY OF STATE TALLAHASSEE, FLORIDA

On 2/M

COVER LETTER

| Division of Corporations | | | |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|
| NAME OF CORPORATION: MUNCHO OF DESCRIPTION, S | clay Booch Condo | | |
| DOCUMENT NUMBER: NOSOOO | 8707 | | |
| The enclosed Articles of Amendment and fee are submitted for | filing. | | |
| Please return all correspondence concerning this matter to the fo | ellowing: | | |
| Bonnie Grossman | | | |
| Murcho of De (ray bead) Firm/Company | | | |
| 15006 Michelangelo 1 | boulevoid | | |
| De Vray Beach FL 33446 City State and Zip Code | | | |
| E-mail address: (to be used for future annual r | eport notification) | | |
| Donnie Okossman at (S6) Name of Contact Person Area (| Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payable to t | | | |
| \$35 Filing Fee - \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified C (Additional) | | | |
| P.O. Box 6327 Clifton Bui | t Section Corporations Iding tive Center Circle | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2009

BONNIE GROSSMAN 15005 MICHELANGELO BLVD. DELRAY BCH, FL 33446

SUBJECT: MURANO OF DELRAY BEACH CONDO ASSOCIATION, INC.

Ref. Number: N05000008707

We have received your document for MURANO OF DELRAY BEACH CONDO 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 109A00024422



July 28, 2009

BONNIE GROSSMAN 15005 MICHELANGELO BLVD. DELRAY BCH, FL 33446

SUBJECT: MURANO OF DELRAY BEACH CONDO ASSOCIATION, INC.

Ref. Number: N05000008707

We have received your document for MURANO OF DELRAY BEACH CONDO 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):

You failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached 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) 245-6916.

Letter Number: 509A00025780

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment

to

Articles of Incorporation of of

| Murano of Delay Beach Condo Association, Inc |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| N0500000 8707 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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. |
| 9 34 |
| 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: Bonnie Grossma |
| New Registered Office Address: (Florida street address) |
| Delay Black, Florida 33446 (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 |
| |

Page 1 of 3

· · · 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------------------------------------------------------------------------|------------------------------|----------------|
| <u>P</u> | Chaya Starker | 950 Market from | ☐ Add ☐ Remove |
| <u>V</u> | Vondie Andrews | 950 Marlet Prom Ave # 200 | Add Remove |
| ST | Michelle Kessler | 15145 Mychelangelo | Add Remove |
| | · | Delray Beach, Fr. 33446 | · |
| | nding or adding additional Articles, enter additional sheets, if necessary). (Be speci | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | • | |
| | | | |
| | | | |
| | | i | |
| | | | |

. . 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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|
| <u>P</u> | Michelle Kessler | Ap+ # 105 | L_I Remove |
| $\sqrt{}$ | Justin Weintrack | Delray Boach, Fr 2016M Ave NSte Barmingram AL | 750 Tardd Remove |
| ST | Rocky Brino | 29 Bay Brok Rd | . Da Add |
| | | Branda, 19AIM | ∏ Remove |
| | ling or adding additional Articles, enter dditional sheets, if necessary). (Be specif | | |
| | | | |
| | | | |
| | | | |
| | | 1 | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | • |
| | · | | |
| | | · | |
| | | <u> </u> | |
| | | | |
| | | | |
| | | <u> </u> | |
| | | | |

| The date of each amendment(s) adoption: | 6/10/09 |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: | (date of adoption is required) more than 90 days after amendment file date) |
| | CHECK ONE) |
| | 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. | led to vote on the amendment(s). The amendment(s) was/were |
| Dated 6/30 Signature 7/10 | helle Kessler |
| have not been sel | or vice chairman of the board, president or other officer-if director lected, by an incorporator – if in the hands of a receiver, trustee, onted fiduciary by that fiduciary) |
| <u> M</u> , | Typed or printed name of person signing) |
| | President (Title of person signing) |