

NO 70000008344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

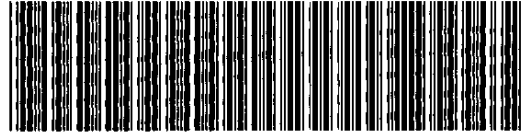
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900186851819

10/25/10--01046--005 **35.00

Ames

FILED
10 NOV 30 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 01 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2010

EMILIANI RAFAEL
LE TERRACE (2ND MAILING)
10885 NW 50 ST APT 110
MIAMI, FL 33178

SUBJECT: LE TERRACE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N07000008344

We have received your document for LE TERRACE CONDOMINIUM 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):

It appears that you completed the wrong form. The amendment form is the proper form to change officers/directors and registered agent.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 410A00025472

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Le Terrace Condominium Association
INC.

DOCUMENT NUMBER: NO7000008344

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

Please return all correspondence concerning this matter to the following:

Emiliani Rafael
(Name of Contact Person)

Le Terrace
(Firm/ Company)

10885 NW 50 St Apt 110
(Address)

Miami, FL 33178
(City/ State and Zip Code)

Rafemia@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emiliani Rafael at (305) 742-6560
(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 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

Articles of Amendment
to
Articles of Incorporation
of

Le Terrace Condominium Association, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 7000008344
(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)

10885 NW 50 St #110
Miami
33178

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
10 NOV 30 PM 2:24
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____
(Florida street 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

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>	<u>Type of Action</u>
Director	Zakary Laporte	7516 NE 1st Ave, #201 Miami FL 33138	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Director	Zakary Laporte	7516 NE 1st Ave #201, Miami FL 33138	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<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)

The date of each amendment(s) adoption: 11/24/10
(date of adoption is required)

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

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 11/24/10

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)

Zakary Laporte
(Typed or printed name of person signing)

Director
(Title of person signing)