

N19673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

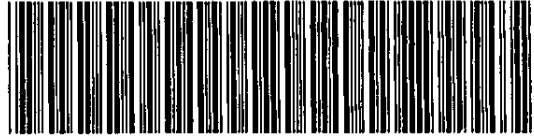
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 MAY 13 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 14 2013
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2013

OMAR K. MASRI
GABLES EXECUTIVE REALTY
8306 MILLS DRIVE #500
MIAMI, FL 33183

SUBJECT: KENDALL PINES COMMERCE CENTER CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N19673

We have received your document for KENDALL PINES COMMERCE CENTER 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 113A00009595

RECEIVED
13 MAY 13 AM 9:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KENDALL PINES COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N19673

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

Please return all correspondence concerning this matter to the following:

OMAR K. MASRI
Name of Contact Person
GABLES EXECUTIVE REALTY
Firm/ Company
8306 MILLS DRIVE # 500
Address
MIAMI, FL 33183
City/ State and Zip Code

OKMASRI@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAR K. MASRI at (305) 975-5000
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 checked="" 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

KENDALL PINES COMMERCE CENTER CONDOMINIUM ASSOCIATION,
(Name of Corporation as currently filed with the Florida Dept. of State)
N 19673

INC.

(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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

8306 MILLS DRIVE #500
MIAMI, FL 33183

(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:

GABLES EXECUTIVE REALTY
8306 MILLS DRIVE #500

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida

33183

(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.

Quinn K. Masri

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA
STATE

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>
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1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>JAMES STARKWEATHER</u>	<u>12218 S.W. 132 CT.</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33186</u>
<input type="checkbox"/> Remove			

2) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>WENDY VISSCHERS-DESSLER</u>	<u>12214 S.W. 132 CT</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33186</u>
<input type="checkbox"/> Remove			

3) <input checked="" type="checkbox"/> Change	<u>ST</u>	<u>DONALD KERLEW</u>	<u>12236 S.W. 132 CT.</u>
<input type="checkbox"/> Add			<u>MIAMI FL 33186</u>
<input type="checkbox"/> Remove			

4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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: 5-8-13

Effective date if applicable: APRIL 1, 2013
(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 5-8-2013

Signature [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)

JAMES STANKWERTHEE
(Typed or printed name of person signing)

Pres.
(Title of person signing)