N38424

| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
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| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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July 22, 2015

NIURKA NARANJO TRIZEL COMMERCIAL REAL ESTATE SERVICES 2460 SW 22ND ST 1ST FLOOR MIAMI, FL 33145 US

SUBJECT: THE NEW FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N38424

We have received your document for THE NEW FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. 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.

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 D Cannon Regulatory Specialist II

Letter Number: 415A00015358



July 2, 2015

NIURKA NARANJO TRIZEL COMMERCIAL REAL ESTATE SERVICES 2460 SW 22ND ST 1ST FLOOR MIAMI, FL 33145 US

SUBJECT: THE NEW FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N38424

We have received your document for THE NEW FRENCH VILLAGE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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 D Cannon Regulatory Specialist II

Letter Number: 115A00013966

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| NAME OF CORPORATION: NEW Free | ch Village Condominium | | | |
| DOCUMENT NUMBER: N 3 8424 | | | | |
| The enclosed Articles of Amendment and fee are submitted | f for filing. | | | |
| Please return all correspondence concerning this matter to t | he following: | | | |
| Niki Narano | ne of Contact Person) | | | |
| (Nar | ne of Contact Person) | | | |
| MIZEL Commerci | al Real Estate | | | |
| | (Firm/ Company) | | | |
| Outro Sw 22nd | St. 1st floor | | | |
| | (Address)) 33/45 // State and Zip Code) | | | |
| , | | | | |
| Service (Ptriz | E/ORE. com. | | | |
| E-mail address: (to be used for f | uture annual report notification) | | | |
| For further information concerning this matter, please call: | | | | |
| Niki Narando | at (305)441-0040 | | | |
| (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: | | | |
| | | | | |
| Mailing Address Amendment Section | Street Address Amendment Section | | | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building | | | |
| 1 mm250cc, FL 52514 | 2661 Executive Center Circle | | | |

Articles of Amendment to Articles of Incorporation of

The New French Village Comdominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N38424 (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: 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: α (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) 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

08/18/2015 15:03

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: X Change X Remove X Add | | Doe Jones Smith | |
|----------------------------------|-----------|-----------------------|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| I) X Change | <u>P</u> | Deborah Engla | rd 601 Almeres Ave Coral Galles, fl 32134 |
| Remove | | | · |
| 2) X Change | <u>S_</u> | George Gabel | Coral Galles, fl. 33134 |
| Remove 3) X Change | 1 | Rene Santamaria | III low Wencia Le 1303 |
| Add | | | Coral 6948, H 33134 |
| Remove | | 0 | |
| 4) Change | <u>S_</u> | Latrucia Crow | 2600 Segona Ave 702 Coral Gabler . J. 33134 |
| Remove | ~ | | |
| 5) Change | 7 | Norma J. Ober | abor Segovia Ave 703 Coral Coasles, A 33336 |
| Remove | | | AUG ASS |
| ` | | | FIL ASST 18 |
| 6) Change Add | ***** | | |
| Remove | | | 3 I STATE |
| | | Page 2 of 4 | |

| If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) | |
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| | date of each amendment(s) adoption: $\xi - 18 - 20/5$ this document was signed. | , if other than the |
|------|---|---|
| Effe | ective date <u>if applicable</u> : (no more than 90 days after amendment file date) | |
| Mad | | |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records. | not be fisted as the |
| Ado | option of Amendment(s) (CHECK ONE) | |
| 包 | 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 8-18-3015 | |
| | Signature Weborok England. | |
| | (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 | ## 15 |
| | other court appointed fiduciary by that fiduciary) | AUG |
| | Deborah England. | - / / / / / / / / / / / / / / / / / / / |
| | (Typed or printed name of person signing) | |
| | President (Title of necessing) | STATE |