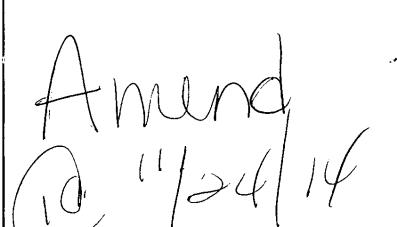
PT9000018

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



10/23/14--01011--005 **35.00



TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 2351 Res	sidences	104	I, INC
DOCUMENT NUMBER: P09000090	618		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:	:	
	(Name of Contact	Person	
Glades Corporate Service	ces, LLC		
	(Firm/ Compa	any)	
1940 Wilson Street			
	(Address))	
Hollywood, FL 33020			
	(City/ State and Z	ip Code	
ediaz@gladescs.			
E-mail address: (to be used	for future annual	report n	otification)
For further information concerning this matter, please	call:		
Elena Diaz	_{at (} 75	54	423-0558
(Name of Contact Person)	(A	Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	nyable to the Florid	la Depar	tment of State:
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop 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		Division Clifton I	address nent Section of Corporations Building ecutive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 13, 2014

GLADES CORPORATE SERVICES, LLC 1940 WILSON STREET HOLLYWOOD, FL 33020

SUBJECT: 2351 RESIDENCES 104, INC

Ref. Number: P09000090618

We have received your document for 2351 RESIDENCES 104, 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.

The last page is that of a non-profit form.

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.

Irene Albritton Regulatory:Specialist II

Letter Number: 214A00024221



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2014

GLADES CORPORATE SERVICES, LLC 1940 WILSON STREET HOLLYWOOD, FL 33020

SUBJECT: 2351 RESIDENCES 104, INC

Ref. Number: P09000090618

We have received your document for 2351 RESIDENCES 104, 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 nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, 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.

Irene Albritton Regulatory Specialist II

Letter Number: 514A00023587

RECEIVED 4 NOV 13 PH 2: 02

Articles of Amendment to Articles of Incorporation of



2351 RESIDENCES 104, INC

(Name of Corporation as currently filed with the FI	orida Dept. of State)		
P09000090618			
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverage" or "C	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the		
D. Enter new principal office address if annihilable.	N/A		
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)	N/A		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:			
Name of New Registered Agent N/A	·		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

N/A

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

(Florida street address)

(City)

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Elena Renee QUAGLIA	2351 W Preserve Way
✓ Add			Apt. 104
Remove			Miramar, FL 33025
2) Change			_
Add			······································
Remove			
3) Change			
Add			
Remove			<u></u>
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding a (Attach additional sheets,	additional Articles, enter if necessary). (Be spec			
N/A	ij necessaryj. (De spec			
~ , <u> </u>				
			 	
· · ·				
		. — . —		
-			<u> </u>	
F. If an amendment provi	des for an exchange, rec enting the amendment if	lassification, or cand not contained in the	<u>:ellation of issued sha</u> : amendment itself:	res,
(if not applicable, i	ndicate N/A)			
N/A				<u> </u>
	 			
			<u> </u>	

The date of each amendment(s) adoption: 10/10/2014 date this document was signed.	, if other than the
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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	?nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_10-17-2014	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
Jose Arozena	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<u> </u>