## N05000001186

(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE TALLAHASSEE FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Menores Condominium Association				
			•	
DOCUMENT NU	MBER: <u>N0500000718</u>	86		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	e la	
Please return all co	rrespondence concerning thi	is matter to the following:		
		Robert R. Ribes		2
	(Na	me of Contact Person)		<del></del>
	Menores	Condominium Associa	ation	
		(Firm/ Company) .	,	<del> </del>
	1825	Ponce De Leon Blvd		
		(Address)	•	
	1	Miami FL, 33134	1	
	(Cit	y/ State and Zip Code)	s	
_		RRibes@aol.com	enort notification	
	•		eport notification)	
For further informa	ation concerning this matter,	please call:	•	
Robert R. Riber	S	at ( 786	271-3227	• • •
	ne of Contact Person)	(Area Co	ode & Daytime Tele	ephone Number)
Enclosed is a check	k for the following amount r	nade payable to the Florida	a Department of Sta	te:
	☐ \$43.75 Filing Fee & Certificate of Status	& □\$43.75 Filing Certified Copy	,	\$52.50 Filing Fee
• • •	Certificate of Status	(Additional cop	y is Ce	rtified Copy dditional Copy enclosed)
Ar Di	niling Address nendment Section vision of Corporations D. Box 6327		Address nent Section of Corporations	,
= -	llahassee El 32314		ecutive Center Circle	

Tallahassee, FL 32301

EFFECTIVE DATE

Articles of Amendment to
Articles of Incorporation
of

## Menores Condominium Association, INC (Name of Corporation as currently filed with the Florida Dept. of State) N05000007186 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation and 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) C. Enter new mailing address, if applicable: MENORES AVE #2 (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: MENORES AVE #2 New Registered Office Address: Miami

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>	Address	Type of Action
D	Khalid Z. Monroe	119 menores ave apt #3 Miami FL, 33134	_ □ Add □ ☑ Remove
-Tremodelski Strumbu			_
			_
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specij		
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FOR	A COURT A	TION SUIT	Against
	ONED BOARD M		
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The date of each amendment	t(s) adoption: <u>U6/21/10</u>
Effective date <u>if applicable</u> :	(date of adoption is:required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated 06/2 Signature	26/10 Delle
(By	y the chairman or vice chairman of the board, president or other officer-if direct
	ve not been selected, by an incorporator – if in the hands of a receiver, trusted ner court appointed fiduciary by that fiduciary)
	Robert R. Ribes
•	(Typed or printed name of person signing)
	Director
	(Title of person signing)

Page 3 of 3