

NO6000002211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

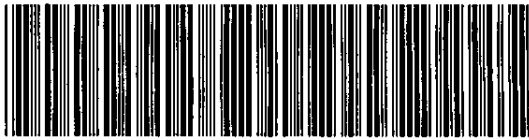
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263735710

Amend

09/08/14--01004--030 **35.00

FILED
2014 SEP - 8 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10002
9/12/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Las Brisas Del Caribe Condominium Association, Inc.

DOCUMENT NUMBER: N06000002211

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

Please return all correspondence concerning this matter to the following:

Lissette Mendoza

(Name of Contact Person)

De Sol Property Management

(Firm/ Company)

8785 SW 165TH AVE SUITE 107B

(Address)

MIAMI FL 33193

(City/ State and Zip Code)

info@desolpm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lissette Mendoza

(Name of Contact Person)

786

at ()

347-2758

(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

FILED

Las Brisas Del Caribe Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000002211

2011 SEP -8 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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**)

8785 SW 165TH AVE

SUITE 107B

MIAMI FL 33193

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

8785 SW 165TH AVE

SUITE 107B

MIAMI FL 33193

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: De Sol Property Management, Inc.

8785 SW 165TH AVE SUITE 107B

(Florida street address)

New Registered Office Address:

MIAMI

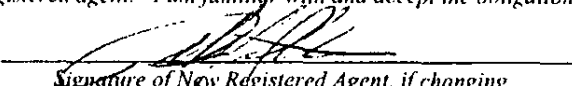
(City)

Florida 33193

(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)

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>
--------------------------------------	--------------	-------------

Address Please change directors address.

- 1) Change
- Add
- Remove

8785 SW 165TH AVE
SUITE 107B
MIAMI, FL 33193

- 2) Change
- Add
- Remove

8785 SW 165TH AVE
SUITE 107B
MIAMI FL 33193

- 3) Change
- Add
- Remove

8785 SW 165TH AVE
SUITE 107B
MIAMI FL 33193

- 4) Change
- Add
- Remove

- 5) Change
- Add
- Remove

- 6) Change
- Add
- Remove

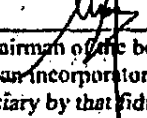
The date of each amendment(s) adoption: 8/1/2014
date this document was signed.

Effective date if applicable: 8/1/2014
(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 8/1/2014

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)

ARMANDO LITVAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)