## N0500008401

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	<del></del>	
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		





600266027836

11/03/14--01025--025 \*\*35.00

SECRETARISM STATES

Amund 1011.13.14

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CONDOMINIUM	ASSOCIATION, INC.			
DOCUMENT NUMBER:N050	00008401				
The enclosed Articles of Amendment and fee are st	ubmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
MOTIE	LAL RAMPH	AL			
	(Name of Contact Perso	n)			
ALLIANCE CONDOM	INIUM ASSO	OCIATION, INC.			
	(Firm/ Company)				
8421 S. ORANGE BLOSSOM TRAIL SUITE 113					
	(Address)				
ORLANDO	, FLORIDA,				
	(City/ State and Zip Cod	e)			
	ivanrey@aol.com				
·	sed for future annual report	notification)			
For further information concerning this matter, plea	se call:				
Motielal Ramphal	407	334-4237 ode & Daytime Telephone Number)			
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee Certificate of Statu	& 🗆 \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address		Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314		Executive Center Circle			

Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment Articles of Incorporation**

## ALLIANCE CONDOMINIUM ASSOCIATION INC.

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

10000000401
(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." <b>"Company" or "Co." may not be used in the name</b> .
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Unit 211
Orlando Florida 32809
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: Elkin D Sagura
84218 Orange Blosson trailunit 21
New Registered Office Address:
Orlando Florida 32809
(City) (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

Page 1 of 4

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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	MOTIELAL RAMPHAL	8421 S.O.B.T
Add			SUITE 113
X Remove			ORLANDO, FL, 32809
2) Change	<u>P</u>	ELKIN SEGURA	8421 S.O.B.T.
$X_{Add}$			SUITE 211
Remove			ORLANDO,FL, 32809
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
		<u> </u>		<del></del>
-				
				···
· · · · · · · · · · · · · · · · · · ·				
			<del></del>	
				· -
	<u> </u>			

The	date of each amendment(s) ad	option:	, if other than the
date	this document was signed.		
Effective date <u>if applicable</u> :		NOVEMBER 1ST 2014	
		(no more than 90 days after amendment file date)	
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adwas/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) il.	·
	There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated NOVE	MBER 1ST 2014	
	Signature X	and hit	
	(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	·	MOTIELAL RAMPHAL	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	