

N1050000008401

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Amend  
@ 11.13.14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ALLIANCE CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N05000008401

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

Please return all correspondence concerning this matter to the following:

MOTIELAL RAMPHAL

(Name of Contact Person)

ALLIANCE CONDOMINIUM ASSOCIATION, INC.

(Firm/ Company)

8421 S. ORANGE BLOSSOM TRAIL SUITE 113

(Address)

ORLANDO, FLORIDA, 32809

(City/ State and Zip Code)

ivanrey@aol.com

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

For further information concerning this matter, please call:

Motielal Ramphal

(Name of Contact Person)

at 407 334-4237

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

ALLIANCE CONDOMINIUM ASSOCIATION INC.

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

N05000008401

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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)

8421 South Orange Blossom trail  
Unit 211  
Orlando Florida 32809

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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 R Segura

8421 S Orange Blossom trail unit 211

(Florida street address)

New Registered Office Address:

Orlando

(City)

Florida

32809

(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



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

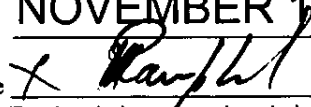
Effective date if applicable: **NOVEMBER 1ST 2014**  
(no more than 90 days after amendment file date)

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 **NOVEMBER 1ST 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)

**MOTIELAL RAMPHAL**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)