

765681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

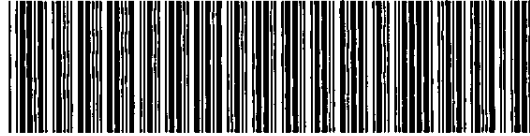
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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800274277748

*Amend*

06/30/15--01028--011 \*\*35.00

FILED  
JUL 20 PM 4:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUL 21 2015  
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\*100789, 01169 00707 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2015

Raul Gastesi Jr.  
Gastesi & Associates, P.A.  
8105 NW 155th St.  
Miami Lakes, FL 33016

SUBJECT: RAY-R CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 765681

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

Annette Ramsey  
Regulatory Specialist II

Letter Number: 715A00014359

RECEIVED  
15 JUL 20 AM 8:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** RAY-R CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT NUMBER:** 765681

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

Please return all correspondence concerning this matter to the following:

RAUL GASTESI, JR. ESQ.

(Name of Contact Person)

GASTESI & ASSOCIATES, P.A.

(Firm/ Company)

8105 NW 155 STREET

(Address)

MIAMI LAKES, FL 33016

(City/ State and Zip Code)

rgastesi@gastesi.com

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

For further information concerning this matter, please call:

RAUL GASTESI, JR.

305

818-9993

at

(Name of Contact Person)

(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

RAY-R CONDOMINIUM ASSOCIATION, INC.

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

765681

(Document Number of Corporation (if known))

FILED

2015 JUL 20 PM 4:31

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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)

8906 NW 194th Terrace

Hialeah, FL 33018

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8906 NW 194th Terrace

Hialeah, FL 33018

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: Raul Gastesi, Jr.

8105 NW 155th Street

(Florida street address)

New Registered Office Address:

Miami Lakes, FL

(City)

Florida 33016

(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>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PD</u>	<u>ALEIDA JIMENEZ</u>	<u>1371 W. 37TH STREET</u>
<input type="checkbox"/> Add			<u>HIALEAH, FL 33012</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>STD</u>	<u>RAMON A. JIMENEZ</u>	<u>1371 W. 37TH STREET</u>
<input type="checkbox"/> Add			<u>HIALEAH, FL 33012</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>JOSE ARMADA SR.</u>	<u>8906 NW 194TH TERRACE</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33018</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>S</u>	<u>JOSE ARMADA</u>	<u>8906 NW 194TH TERRACE</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33018</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>T</u>	<u>JANET MOYE</u>	<u>14201 LEANING PINE DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI LAKES, FL 33014</u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(attach additional sheets, if necessary). (Be specific)

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 are no margins, text, or other markings on the paper.

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

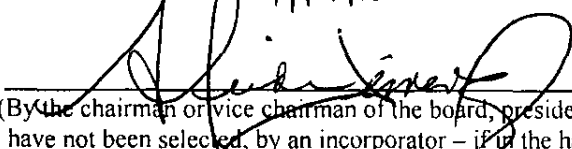
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/17/15

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)

ALEIDA JIMENEZ  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)