

724 303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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S. TALLENT

NOV 15 2016

AMEND

FILED  
16 NOV 14 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2016

FILIBERTO RAMOS  
MILE APARTMENTS CONDOMINIUM INC. THE  
1560-1590 WEST 46TH STREET(OFFICE)  
HIALEAH, FL 33012

SUBJECT: MILE APARTMENTS CONDOMINIUM, INC.THE  
Ref. Number: 724303

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ON PAGE 4 OF 4 OF THE ARTICLES OF AMENDMENT, PLEASE CHECK ONE BOX FOR THE ADOPTION OF AMENDMENT.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 416A00023014

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MILE APARTMENTS CONDOMINIUM INC. THE

**DOCUMENT NUMBER:** 724303

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

Please return all correspondence concerning this matter to the following:

FILIBERTO RAMOS

(Name of Contact Person)

MILE APARTMENTS CONDOMINIUM INC. THE

(Firm/ Company)

1560 - 1590 WEST 46th STREET (OFFICE)

(Address)

HIALEAH FL 33012

(City/ State and Zip Code)

mileaptcondo@att.net

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

For further information concerning this matter, please call:

RAMON PEREZ

305

362-9690

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$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**

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

MILE APARTMENTS CONDOMINIUM INC. THE

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

724303

(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)

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: FILIBERTO RAMOS  
1590 WEST 46 STREET # 231  
(Florida street address)

New Registered Office Address:  
HIALEAH, Florida 33012  
(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 checked="" type="checkbox"/> Change	<u>P</u>	<u>FILIBERTO RAMOS</u>	<u>1590 WEST 46 STREET # 231</u>
<input type="checkbox"/> Add			<u>HIALEAH FL 33012</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>ROLANDO BUJEIRO</u>	<u>1590 WEST 46 STREET #120</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH FL 33012</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>VENZAL CRUZ</u>	<u>1590 WEST 46 STREET #115</u>
<input type="checkbox"/> Add			<u>HIALEAH FL 33012</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change		<u>FELIX DELGADO</u>	<u>1570 WEST 46 STREET #115</u>
<input type="checkbox"/> Add			<u>HIALEAH FL 33012</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change		<u>PERLA ANTONIO</u>	<u>1570 WEST 46 STREET #239</u>
<input type="checkbox"/> Add			<u>HIALEAH FL 33012</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

[illegible]

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 10 / 14 / 2016 \_\_\_\_\_

Signature F. Ramos \_\_\_\_\_  
(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)

FILIBERTO RAMOS  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT.-  
\_\_\_\_\_  
(Title of person signing)