

751645

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000293372 3)))



H160002933723ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
GROVE GATE CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

118917

Electronic Filing Menu

Corporate Filing Menu

Help 1 2016

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Grove Gate Condominium Association, Inc.

DOCUMENT NUMBER: 751645

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

Please return all correspondence concerning this matter to the following:

Michael Sherman

(Name of Contact Person)

Thomas G. Sherman, P.A.

(Firm/ Company)

90 Almeria Avenue

(Address)

Coral Gables, Florida 33134

(City/ State and Zip Code)

mike@uniontitleservices.com

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

For further information concerning this matter, please call:

Michael Sherman

305-448-5898

(Name of Contact Person)

at (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

GROVE GATE CONDOMINIUM ASSOCIATION, INC.

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

751645

(Document Number of Corporation (if known))

FILED
DIVISION OF CORPORATIONS
16 NOV 30 PM 4:17

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)

890 SOUTH DIXIE HIGHWAY

CORAL GABLES, FLORIDA 33146

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

890 SOUTH DIXIE HIGHWAY

CORAL GABLES, FLORIDA 33146

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:

Thomas G. Sherman, P.A.

90 Almeria Avenue

(Florida street address)

New Registered Office Address:

Coral Gables

(City)

Florida 33134

(Zip Code)

Now 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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☒ Remove	<u>V</u>	<u>Mike Jones</u>
☒ 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) ☐ Change ☐ Add ☒ Remove	<u>P</u>	<u>Robert C. Frazier</u>	<u>3176 SW 27 Avenue, Unit 4</u> <u>Miami, Florida 33133</u>
2) ☐ Change ☐ Add ☒ Remove	<u>T</u>	<u>Tony Romano</u>	<u>3176 SW 27 Avenue, Unit 6</u> <u>Miami, Florida 33133</u>
3) ☐ Change ☐ Add ☒ Remove	<u>S</u>	<u>Stefano Ciribe</u>	<u>3176 SW 27 Avenue, Unit 5</u> <u>Miami, Florida 33133</u>
4) ☐ Change ☐ Add ☒ Remove	<u>D</u>	<u>Ivelisse Puente</u>	<u>2561 SW 24 Street</u> <u>Miami, Florida 33133</u>
5) ☐ Change ☐ Add ☒ Remove	<u>D</u>	<u>Mark Mangrum</u>	<u>3220 Gifford Lane, # 1</u> <u>Miami, Florida 33133</u>
6) ☐ Change ☒ Add ☐ Remove	<u>DP</u>	<u>Daniel Goncalves Lopes Ribeiro</u>	<u>890 South Dixie Highway</u> <u>Coral Gables, Florida 33146</u>

X

Type of Action
(Check One)

X

Title

Name

Address

d) Change

X

Add

Remove

DT

Javier Lluch

890 South Dixie Highway

Coral Gables, Florida 33146

d) Change

X

Add

Remove

DS

CESAR SORDO

890 South Dixie Highway

Coral Gables, Florida 33146

[illegible]

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

November 21, 2016

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.

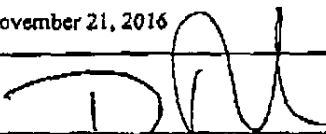
Adoption of Amendment(s)

(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 November 21, 2016

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)

Daniel Goncalves Lopes Ribeiro

(Typed or printed name of person signing)

President

(Title of person signing)