

710750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

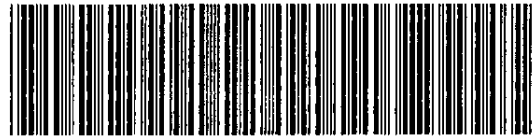
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 11 PM 3:28

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3/11/11

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** BROADWATER BEACH ARMS I, INC

**DOCUMENT NUMBER:** 710750

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

Please return all correspondence concerning this matter to the following:

ELPIDIO PADILLA

(Name of Contact Person)

(Firm/ Company)

7640 SW 95 AVE

(Address)

MIAMI, FL 33173

(City/ State and Zip Code)

ELPAD@COMCAST.NET

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

For further information concerning this matter, please call:

ELPIDIO PADILLA

(Name of Contact Person)

at ( 305 ) 525-8314

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2011

Elpidio Padilla  
7640 SW 95 Ave.  
Miami, FL 33173

SUBJECT: BROADWATER BEACH ARMS I, INC.  
Ref. Number: 710750

We have received your document for BROADWATER BEACH ARMS I, 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

This amendment is incomplete. The third page is missing. I have enclosed a blank third page for you to fill out and return to us.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 811A00005021

RECEIVED

11 MAR 11 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Hope everything is in order now.  
Thank You*

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2011 MAR 11 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BROADWATER BEACH ARMS I, Inc.

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

710750

(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)

6490 COLLINS AVE

MIAMI BEACH, FL 33141

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

7640 SW 95 AVE

MIAMI, FL 33173

**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:

ELPIDIO PADILLA

6490 COLLINS AVE APT 3

New Registered Office Address:

(Florida street address)

MIAMI BEACH, FL

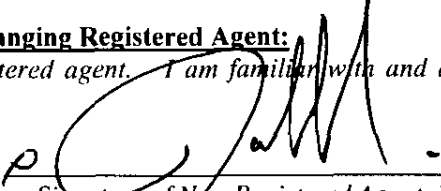
(City)

Florida 33141

(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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	GENOVEVA DIAZ	6490 COLLINS AVE APT 9 MIAMI BEACH, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
SD	MARYBEL ARAGONES	6490 COLLINS AVE APT 6 MIAMI BEACH, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
T	JOSE A AMOR	6490 COLLINS AVE APT 12B MIAMI BEACH, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

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

TITLE: D (REMOVED)

YOLANDA MACHADO/ ADDRESS: 6490 COLLINS AVE APT 15 MIAMI BEACH, FL 33141

TITLE: D (REMOVED)

JUAN MENA / ADDRESS: 6490 COLLINS AVE APT 8 MIAMI BEACH, FL 33141

NEW OFFICERS BEING ADDED:

TITLE: REGISTERED AGENT

ELPIDIO PADILLA /ADDRESS:6490 COLLINS AVE APT 3 MIAMI BEACH, FL 33141

TITLE: PD

JUAN MENA/ ADDRESS: 6490 COLLINS AVE APT 7 MIAMI BEACH, FL 33141

TITLE: T

ELPIDIO PADILLA /ADDRESS:6490 COLLINS AVE APT 3 MIAMI BEACH, FL 33141

TITLE: S

CARY NAVIA ADDRESS: 6490 COLLINS AVE APT 17 MIAMI BEACH, FL 33141

TITLE: D

GENOVEVA DIAZ ADDRESS: 6490 COLLINS AVE APT 9 MIAMI BEACH, FL 33141

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	YOLANDA MACHADO	6490 COLLINS AVE APT 14 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

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

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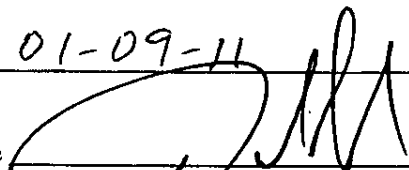
The date of each amendment(s) adoption: 01-09-2011  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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 01-09-11

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)

ELPIDIO PADILLA

(Typed or printed name of person signing)

REGISTERED AGENT      TREASURER

(Title of person signing)