## 711446

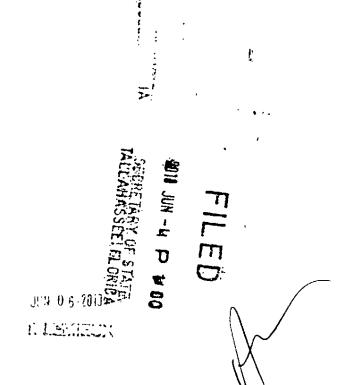
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Basiness Emaly Harre)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



100313043701

05/08/18-+01020-+021 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: Point East Two Co                   | ondominium Corporation, In   | nc   |
|--|---|--|--|
| DOCUMENT NUM   |   |  |  |
|  | of Amendment and fee are su                 | bmitted for filing.  |  |
| Please return all corre  | spondence concerning this ma                | tter to the following:   |  |
|  | Joan Mersten                                |  |  |
|  |   | Name of Contact Person   | 1  |
|  | Point East Two Condominium                  | m Corporation, Inc   |  |
|  |   | Firm/ Company  |  |
|  | 2895 Point East Drive                       |  |  |
|  |   | Address  |  |
|  | Aventura, Florida 33160                     |  |  |
|  |   | City/ State and Zip Code   | e  |
|  |   |  |  |
| poini<br>——  | easttwo@yahoo.com                           | and for future arrival arrange                                     | nosification)  |
|  | E-mail address. (to be de                   | sed for future annual report                                       | notification)  |
| For further information  | n concerning this matter, pleas             | se call:   |  |
| Joan Mersten   |   | 305<br>at (  | de & Daytime Telephone Number  |
| Name   | of Contact Person                           | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for  | or the following amount made                | payable to the Florida Depa  | artment 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 |   | Amend<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building Executive Center Circle              |

Tailahassee, FL 32301



May 10, 2018

JOAN MERSTEN 2895 POINT EAST DR AVENTURA, FL 33160

SUBJECT: POINT EAST TWO CONDOMINIUM CORPORATION, INC.

Ref. Number: 711440

We have received your document for POINT EAST TWO CONDOMINIUM CORPORATION, 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):

This is Non-profit corporation the document you sent in is for a Profit.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 618A00009738

RECEIVER 18 JUN -L PH 2: 01 SECRETARY OF STATE TALLAHASSEE, FLORES

## Articles of Amendment to Articles of Incorporation of

Point East Two Condominium Corporation, Inc

FILED

| (Name of Corporation  | as current   | tly filed with the Florida Dept. (       | of State)                         |
|---|--------------|--|-----------------------------------|
| 711440  |              |  | OF STATE JUN - H P > 80           |
| (Docur  | nent Numbe   | er of Corporation (if known)             | SECRETARY OF STATE                |
| Pursuant to the provisions of section 617,1006, Flo<br>amendment(s) to its Articles of Incorporation: | rida Statute | s, this <i>Florida Not For Profit Co</i> | proration adopts the following    |
| A. If amending name, enter the new name of the  | e corporați  | on:                                      |                                   |
| N/A   |              |  | The new                           |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the nam    |              | ion" or "incorporated" or the al         | bbreviation "Corp." or "Inc."     |
| B. Enter new principal office address, if applica   | ble:         | N/A                                      |                                   |
| (Principal office address <u>MUST BE A STREET A</u>   |              |  |                                   |
|   |              |  |                                   |
|   |              |  |                                   |
| C. Enter new mailing address, if applicable:  |              | NI/A                                     |                                   |
| (Mailing address MAY BE A POST OFFICE   | <u>BOX</u> ) | N/A                                      |                                   |
|   |              |  |                                   |
|   |              |  |                                   |
|   |              |  |                                   |
| D. If amending the registered agent and/or registered   |              |  | name of the                       |
| new registered agent and/or the new register  | N/A          | uaress:                                  |                                   |
| Name of New Registered Agent:   |              |  |                                   |
|   |              |  |                                   |
| New Registered Office Address:  |              | (Florida street a                        | ddress)                           |
| New Negistered Office Address.  | N/A          |  | N/A                               |
|   |              | (City)                                   | , Florida                         |
|   |              | (City)                                   | (Zip Code)                        |
| New Registered Agent's Signature, if changing I   |              |  | at an extension of the control of |
| I hereby accept the appointment as registered agen  | u. 1 am jan  | nutar wun ana accept the obligat         | tions of the position.            |
|   |              |  |                                   |
| _   | Si           | gnature 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: X Change X Remove X Add | <u>V</u> <u>Mil</u> | n Doe<br>te Jones<br>ty Smith |                    |
|----------------------------------|---------------------|-------------------------------|--------------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                   | <u>Addres</u> s    |
| 1) X Change                      | VP                  | Maria Begona Calcerrada       | 2855 Leonard Drive |
| Add                              |                     |                               | Apt# H-114         |
| Remove                           |                     |                               | Aventura, FL 33160 |
| 2) X Change                      | <u>s</u>            | Rosa Delgado Hall             | 2851 Leonard Drive |
| Add                              |                     |                               | Apt # J-105        |
| Remove                           |                     |                               | Aventura, FL 33160 |
| 3 ) Change                       |                     |                               |                    |
| Add                              |                     |                               |                    |
| Remove                           |                     |                               |                    |
| 4) Change                        |                     |                               |                    |
| Add                              |                     |                               |                    |
| Remove                           |                     |                               |                    |
| 5) Change                        |                     |                               |                    |
| Add                              |                     |                               |                    |
| Remove                           |                     |                               |                    |
| 6) Change                        |                     |                               |                    |
| Add                              |                     |                               |                    |
| Remove                           |                     |                               |                    |

| (a <i>ttach a</i> | additional sheets, if necessa | ry). (Be specific) |         |         |              |              |
|-------------------|-------------------------------|--------------------|---------|---------|--------------|--------------|
| N/A ·             | •                             |                    |         |         |              |              |
|                   |                               |                    |         | -       |              | <u>.</u>     |
|                   |                               |                    | ,       |         |              |              |
|                   | .,                            | <u> </u>           |         |         | <del></del>  |              |
|                   |                               |                    |         |         | <del>,</del> | <del>.</del> |
|                   |                               |                    | <u></u> |         |              |              |
|                   |                               |                    |         |         |              |              |
| _ <del>_</del>    |                               |                    |         |         |              |              |
| <u> </u>          | <del>-</del> -                |                    |         |         |              |              |
|                   |                               |                    |         |         |              |              |
|                   |                               |                    |         | ·       |              |              |
|                   |                               |                    |         |         |              |              |
|                   |                               |                    |         |         |              |              |
|                   |                               |                    |         |         |              |              |
|                   |                               |                    |         |         |              |              |
|                   |                               |                    |         |         |              |              |
| ·                 |                               |                    | •       |         |              | ,            |
|                   |                               |                    |         |         |              |              |
| -                 |                               |                    |         |         |              |              |
|                   |                               |                    |         |         |              |              |
|                   |                               |                    |         |         |              |              |
|                   |                               |                    |         | <u></u> | <del></del>  |              |
|                   |                               |                    |         |         |              |              |
|                   |                               |                    |         |         |              |              |

|         | •                                     | 5/26/18   |                     |
|---------|---------------------------------------|---|---------------------|
|         | ate of each amen<br>is document was   | dment(s) adoption:signed.   | , if other than the |
| Effecti | ive date <u>if applic</u>             | 5/26/18<br>able:  |                     |
| •       | <u></u>                               | (no more than 90 days after amendment file date)  |                     |
|         |                                       | ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.  | be listed as the    |
| Adopt   | ion of Amendme                        | ent(s) ( <u>CHECK ONE</u> )   |                     |
|         | he amendment(s)<br>as/were sufficien  | was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.   |                     |
|         | here are no memb<br>dopted by the boa | pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.   |                     |
|         | Dated                                 | 5/26/18   |                     |
|         | Signature                             | Joan menten   |                     |
|         | (                                     | 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) |                     |
|         |                                       | Joan Mersten  |                     |
|         |                                       | (Typed or printed name of person signing)   |                     |
|         |                                       | President   |                     |
|         |                                       | (Title of person signing)   |                     |