713304

(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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 23 PM 1:19

Amend
(10) 12.30.13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fourth Horizons Condominium, Inc.

DOCUMENT NUMBER: 713304

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

Please return all correspondence concerning this matter to the following:

Ketty M. Urbay
(Name of Contact Person)

Clear Sky Property Management
(Firm/ Company)

Po Box 144216
(Address)

Coral Gables, FL 33114-4216
(City/ State and Zip Code)

kurbay@clearskymanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ketty M. Urbay at (305) 356-7414 ext 2
(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)

already sent ck # 18 dated 10/29/13 + kept by your office

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

RECEIVED
13 DEC -3 AM 8:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2013

RECEIVED DEC 16 2013

KETTY M. URBAY
CLEAR SKY PROPERTY MANAGEMENT LLC
P.O. BOX 144216
CORAL GABLES, FL 33114-4216

SUBJECT: FOURTH HORIZONS CONDOMINIUM INC.
Ref. Number: 713304

We have received your document for FOURTH HORIZONS CONDOMINIUM 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 last page was left blank, please complete the document in its entirety.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 413A00027587

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2013

ELENA M. DIEPPA
CLEAR SKY PROPERTY MANAGEMENT LLC
P.O. BOX 4216
CORAL GABLES, FL 33114

SUBJECT: FOURTH HORIZONS CONDOMINIUM INC.
Ref. Number: 713304

We have received your document for FOURTH HORIZONS CONDOMINIUM 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 113A00026612

Articles of Amendment
to
Articles of Incorporation
of

Fourth Horizons Condominium Inc.
(**Name of Corporation as currently filed with the Florida Dept. of State**)

713304
(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 23 PM 1:19

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)

Fourth Horizon Condo. c/o Clear Sky
PO Box 144216
Coral Gable, FL 33114-4216

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: Clear Sky Property Management LLC

New Registered Office Address: 2929 SW 3rd Ave. #330
(Florida street address)

Miami, Florida 33129
(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

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change	P	STACEY DOYLEY	2929 SW 3rd Ave #330
___ Add			MIAMI FL 33129
___ Remove			
2) X Change	S	ELAINE MYERS	2929 SW 3rd Ave. #330
___ Add			MIAMI FL 33129
___ Remove			
3) X Change	Asst. T	EMMANUELLE SIMONET	2929 SW 3rd Ave #330
___ Add			MIAMI FL 33129
___ Remove			
4) X Change	T	ORIEL MONTERO	2929 SW 3rd Ave # 330
___ Add			MIAMI FL 33129
___ Remove			
5) X Change	D	KAREN MELTZER	2929 SW 3rd Ave #330
___ Add			MIAMI FL 33129
___ Remove			
6) ___ Change			
___ Add			
___ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(*attach additional sheets, if necessary*). (*Be specific*)

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)

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 12/19/2013

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)

STACEY-ANN DOLEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)