## 715026

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(Address)	
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PICK-UP WAIT MAIL	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Royal Bahamian Association, Inc. NAME OF CORPORATION: 715026 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia Gilliland
(Name of Contact Person) Renovations Property Mgmt du Royal Bahanuan Condom.
(Firm/ Company) NE Miany Gardens Drive Miami, Fl 33/79
(City/State and Zin Code) rbc manager @ renovations pm - @m

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia Gilliland, LCAM at 305 949-5286

(Area Code) (Davtime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Begin{array}{c} \Begin{array}{c} \Begin ☐\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Royal Bahamian Association, Inc.		
(Name of Corporation as currently filed with the Florida Dep	ot. of State)	
715026		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Not For Profe	it Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
n/a		The new
name must be distinguishable and contain the word "corporation" Company" or "Co," may not be used in the name.	n" or "incorporated" or th	ne abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	n/a	202
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	000
_	<del></del>	2 2 7
_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	· 55 09
<del>-</del> -		9
_		-
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		the name of the
new registered agent and/or the new registered office add		
Name of New Registered Agent:	n/a 	
	(Florida et	reet address)
New Registered Office Address:	(Fiorida Sil	reet address)
		The aide
	(City)	, Florida (Zip Code)
	•	1
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil		ligations of the position.
	n/a	
Sign	ature of New Registered A	gent, 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	PT         John D           Y         Mike J           SV         Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	7_	MIKE Aybar	1101 NE Mianu Gardens Dr Mignus, Fi 33 179
Remove  2) Change Add	<u>D</u>	Domingo Canosa	1101 NE Mianu Gardens D Mianu i FL 30179
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
n/a			
		<u> </u>	<del> </del>

		<del></del>
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	<del></del>	
<del></del>		<del></del>
The date of each amendment(s) adoption date this document was signed.	on:i	f other than the
Effective date if applicable:		
- <del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	pes not meet the applicable statutory filing requirements, this date will not be I nent of State's records.	isted as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

[	Dated
c	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)
	MIKE AYBAR
	(Typed or printed name of person signing)