MAY-12-2011 THU 04:12 PM - Division of Corporations

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H110001304353)))



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Division of Corporations

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ENSENADA CONDOMINIUM ASSOCIATION, INC.

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16vawn 5-12-11



May 12, 2011

## FLORIDA DEPARTMENT OF STATE

ENSENADA CONDOMINIUM ASSOCIATION, INC. 3401 N. COUNTRY CLUB DRIVE AVENTURA, FL 33180

SUBJECT: ENSENADA CONDOMINIUM ASSOCIATION, INC.

REF: 720350

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

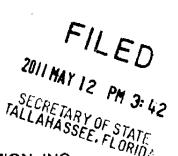
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H11000130435 Letter Number: 611A00011845

PECEIVED
11 MAY 12 AM 8: 03
SECKLIARY OF STATE
FALLAHASSEE, FLORIDA

## Articles of Amendment Articles of Incorporation



V.	Fl no!!!
ENSENADA CONDOMINIUM AS	SOCIATION, INC.
(Name of Corporation as currently filed with	the Florida Dept. of State)
720350	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit Corporation</i> adop
A. If amending name, enter the new name of the corporation	m:
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	•
·	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
1	
•	
D. If amending the registered agent and/or registered office	address in Florida, enter the name of the

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

Name of New Registered Agent;

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Ona Costales

Signature of New Registered Agent, if changing

ANA COSTALES

6020 SW 40 STREET

MIAMI

(City)

(Florida street address)

Florida 33165 (Zip Code)

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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)

Title	Name	<u>Address</u>	Type of Action
		<del></del>	☐ Add ☐ Remove
			Remove
(attach o	ading or adding additional Articles, of additional sheets, if necessary). (Be s	specific)	
	AH DUNSON - PRESIDENT RA TILLMAN - VICE-PRESIDEN	<u> </u>	
<del></del>	/N GOLDBERG - SECRETARY	I	
	URITZ - TREAURER		
	PRESMANY - DIRECTOR		
	R RIVERA - DIRECTOR		
HENRY	KANNEE - DIRECTOR		
ADDRES	SS:		
3401 N.	COUNTRY CLUB DRIVE		
AVENTL	JRA, FL 33180		
	A A A A A A A A A A A A A A A A A A A		
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) a	doption: 05-10-2011
``	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	
Signature	Leticia hesmany
have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator — if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
_	LETICIA PRESMANY
_	(Typed or printed name of person signing)
_	P/D
	(Title of person signing)

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