

# 723139

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S. TALLENT

DEC 02 2016

*Amend*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Andes Condominium Association

DOCUMENT NUMBER: 723139

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

Please return all correspondence concerning this matter to the following:

Gerald Victoria  
(Name of Contact Person)

Gvic Management  
(Firm/ Company)

1275 W 47 PL Suite 315-317  
(Address)

Hialeah FL 33012  
(City/ State and Zip Code)

gvic.management@yahoo.com ✓  
(Email address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Gvic Management. at (205) 820-1777  
(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Apdes Condominium Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

723139

(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**)

1275 W 47<sup>th</sup> PL  
suite 315-317  
Hialeah FL, 33012

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

1275 W 47<sup>th</sup> PL  
suite 315-317  
Hialeah FL, 33012

**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:

Gvic Management Inc ✓  
1275 W 47<sup>th</sup> PL suite 315-317  
(Florida street address)

New Registered Office Address:

Hialeah, Florida 33012  
(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]  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	T	Acton Sabatier	6215 W 20 <sup>th</sup> Ave #215 Hialeah FL, 33012
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Ornela Acosta	6215 W 20 <sup>th</sup> Ave #210 Hialeah FL, 33012
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	T	Alma Garcia	1275 W 47 <sup>th</sup> Pl Suite 315-317 Hialeah FL, 33012
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	James Joseph	1275 W 47 <sup>th</sup> Pl Suite 315-317 Hialeah FL, 33012
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Ray Ruiz	1275 W 47 <sup>th</sup> Pl Suite 315-317 Hialeah FL, 33012
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

11/21/2016

, if other than the

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 \_\_\_\_\_

11/21/2016

Signature \_\_\_\_\_

Maria Valdez

(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)

Maria Valdez

(Typed or printed name of person signing)

President.

(Title of person signing)