## 724822

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

**TO:** Amendment Section Division of Corporations

| NAME OF CO   | RPORATION: FLAMINGO                          | LAKE HOMEOWNERS ASSO                       | OCIATION, INC.  |  |  |
|--|--|--|---|--|--|
| DOCUMENT N   | 72.1822                                      |  |   |  |  |
| The enclosed Ar  | ticles of Amendment and fee at               | re submitted for filing.                   |   |  |  |
| Please return all  | correspondence concerning this               | s matter to the following:                 |   |  |  |
|  | WARREN CLARK                                 |  |   |  |  |
|  |  | Name of Contact Perso                      | n   |  |  |
|  | FLAMINGO LAKE HO                             | FLAMINGO LAKE HOMEOWNERS ASSOCIATION, INC. |   |  |  |
|  | Firm/ Company                                |  |   |  |  |
|  | 1665 W 72 ST                                 |  |   |  |  |
|  | Address                                      |  |   |  |  |
|  | HIALEAH, FL 33014                            |  |   |  |  |
|  | City/ State and Zip Code                     |  |   |  |  |
|  | MYFLAMINGOLAKE@GMAIL.COM                     |  |   |  |  |
|  | E-mail address: (to b                        | pe used for future annual report           | notification)   |  |  |
| For further infor  | mation concerning this matter,               | please call:                               |   |  |  |
| WARREN CLA   | .RK  | at ( 305                                   |   |  |  |
| Name of Contact Person   |  | Area Co                                    | de & Daytime Telephone Number   |  |  |
| Enclosed is a che  | eck for the following amount m               | ade payable to the Florida Dep             | artment of State:   |  |  |
| S35 Filing F   | ee S43.75 Filing Fee<br>Certificate of State |  | □\$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 |  | Ameno<br>Divisio<br>The C                  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |  |  |

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

| FLAMINGO LAKE HOMEOWNERS ASSOCIATION, INC.   |   | 2020 HAT L8 PH 9   |
|--|---|--|
| ( <u>Name</u> c  | of Corporation as curren                              | tly filed with the Florida Dept. of State) 11 5: 45  |
| 724822   |   |  |
| -  | (Document Number                                      | of Corporation (if known)  |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this                          | s Florida Profit Corporation adopts the following amendment(s) t   |
| A. If amending name, enter the new n.  | ame of the corporation:                               |  |
|  |   | The new  |
|  | Corp." "Inc." or "Co".                                | "company," or "incorporated" or the abbreviation "Corp"  A professional corporation name must contain the word " |
| B. Enter new principal office address,   | if applicable:  | 1665 W 72 ST   |
| (Principal office address <u>MUST BE A S</u>   |   | HIALEAH, FL 33014  |
|  |   |  |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent ar  | OFFICE BOX)   | dress in Florida, enter the name of the  |
| new registered agent and/or the new  |   |  |
| Name of New Registered Agent   | WARREN CLARK  |  |
| The state of the stage of the s | 1665 W 72 ST  |  |
|  | (Florida s  | treet address)   |
| New Registered Office Address;   | HIALEAH   | , Florida <sup>33014</sup>   |
|  |   | (City) (Zip Code)  |
| New Registered Agent's Signature, if c   | hanging Registered Agen<br>vered agent. I am familiar | nt:<br>with and accept the obligations of the position.  |
|  | Signature of New .                                    | Registered Agent, if changing  |

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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 \( \theta \text{n\text{if}} \) 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

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          | <u>PT</u>    | John Doe             |                                       |
|----------------------------|--------------|----------------------|---------------------------------------|
| X Remove                   | <u>v</u>     | Mike Jones           |                                       |
| _X Add                     | <u>SV</u>    | Sally Smith          |                                       |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>          | <u>Addres</u> s                       |
| 1) Change                  | PD           | FRANCISCO A. BARQUIN | 1770 W 75 St                          |
| Add                        |              |                      | HIALEAH, FL 33014                     |
| X Remove                   |              |                      |                                       |
| 2) X Change                | PTD          | WARREN CLARK         | 1665 W 72 ST                          |
| Add                        |              |                      | HIALEAH, FL 33014                     |
| Remove 3 ) Change          | D            | JAVIER A. MATTA      | 1723 W 72 ST                          |
| X Add                      |              |                      |                                       |
| Remove                     |              |                      |                                       |
| 4) Change                  |              |                      |                                       |
| Add                        |              |                      | · · · · · · · · · · · · · · · · · · · |
| Remove                     |              |                      |                                       |
| 5) Change                  |              |                      |                                       |
| Add                        |              |                      |                                       |
| Remove                     |              |                      |                                       |
| 6) Change                  |              |                      |                                       |
| Add                        |              |                      |                                       |
| Remove                     |              |                      |                                       |

| Much additional sheets, if necessary). (Be specific)                                       | <u>here</u> :                        |
|--|--------------------------------------|
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| an amendment provides for an exchange, reclassification                                    | n, or cancellation of issued shares, |
| provisions for implementing the amendment if not contain (if not applicable, indicate N/A) | ned in the amendment itself:         |
|  |                                      |
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| The date of each amendment                               | s) adoption:   | , if other than the                             |
|--|--|---|
| date this document was signed.                           | 05 (00/2020)   |   |
| Effective date if applicable:                            | 05/09/2020   |   |
|  | (no more than 90 days after amendinent   | file date)                                      |
|  | nis block does not meet the applicable statutory filing rece Department of State's records.  | quirements, this date will not be listed as the |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )   |   |
| ■ The amendment(s) was/wer action was not required.      | e adopted by the incorporators, or board of directors withou   | ut shareholder action and shareholder           |
| ☐ The amendment(s) was/wer<br>by the shareholders was/we | e adopted by the shareholders. The number of votes cast for sufficient for approval.   | or the amendment(s)                             |
|  | e approved by the shareholders through voting groups. The last for each voting group entitled to vote separately on the a  | •   |
| "The number of votes                                     | cast for the amendment(s) was/were sufficient for approva  | ıl  |
| by   |  |   |
|  | (voting group)   |   |
| 05/13/<br>Dated  | 2020   |   |
| Signature  | OM/  |   |
| (B)  | a director, president or other officer – if directors or officected, by an incorporator – if in the hands of a receiver, trapointed fiduciary by that fiduciary) |   |
|  | WARREN CLARK   |   |
|  | (Typed or printed name of person signing)  | <u> </u>  |
|  | TREASURER & DIRECTOR   |   |
|  | (Title of person signing)  |   |