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Amenda

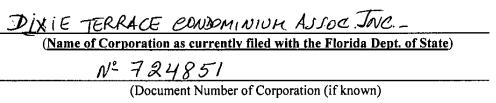
COVER LETTER

TO: Amendment Section Division of Corporations

	NAME OF CORPORATION: DIXIE	TERRACE CONI	DO. ASSOC. JUC
	DOCUMENT NUMBER: 72 485		
·,	The enclosed Articles of Amendment and fee are submitted for filing.		
	Please return all correspondence concerning this matte	r to the following:	·
	ATT: MARTHA ARAUJ	0	
	(Name of C	Contact Person)	ZS 6 -7
	DIXIE TERRACE C	ONDOMINIMM ASSO Company)	RECEIVED 10 DEC 17 PH 12: 52 SECRITARIA OF STATE PALLABASSEE FLORIDA LE
			SET P
	13455 N.E 10 AUE	- OFFICE UNIT	HIZ: 1
	(At	auress)	
	North Miani - Fl	lorida 33161	
	(City/ State	and Zip Code)	······································
	Dixieteyya.ce.2009 E-mail address: (to be used	@ Yahoo. com for future annual report notification	on)
	For further information concerning this matter, please of	call:	
	MARTHA ARAUJO	at (_305)9683 (Area Code & Daytime	3120
	(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
we did	Enclosed is a check for the following amount made pay	yable to the Florida Department of	f State:
	\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee Certificate of Status
	Certificate of Status	(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)
	Mailing Address	Street Address	
	Amendment Section Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building 2661 Executive Center C	ircle
	Tallahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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:

new name must be distinguishable ar reviation "Corp." or " Inc." <u>"Compan</u>			
Enter new principal office address, if ncipal office address <u>MUST BE A ST</u>			
Enter new mailing address, if applications of the Mailing address MAY BE A POST O			
			enter the name of th
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:			enter the name of th
new registered agent and/or the new	registered office add		enter the name of th
Name of New Registered Agent:	registered office add	ress:	enter the name of the

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	SCHRODER, ALEX	13455 NE 10 Ave N MIANN, FL 33161	_ □ Add _ □ Remove
\supset	EALVEZ, BETTY	13455 NG 10th Ave N Mianu FL 33161	_ □ Add _ ☑ Remove
<u>P</u>	Valencia, Luis	13455 WE 10th Ave NMiany-FL 33161	_ ☑ Add _ ☐ Remove
	iding or adding additional Articles, enter additional sheets, if necessary). (Be spec		
	·		
		, <u>, , , , , , , , , , , , , , , , , , </u>	
		,	
			•
	,		

The date of each amendment(s) adoption	
Effective date <u>if applicable</u> :	(date of adoption is required) no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members er adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated 12-13-	The arayo
(By the chairm have not been	nan or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
_ <i>St</i>	CRETTARY - TREASURER (Title of person signing)

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