From:	Yanet	Avila
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To: +18506176380

2021-10-06 20:00/46 GMT : 2 of 6 10/6/21, 3:39 PM ision of Florida Department of State **Division** of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H21000374642 3))) H210003746423ABC\$ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. _____ To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 : (305)444-4994 Phone Fax Number : (305)444-4977 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 4:26 Email Address: 2021,0CT -6 PH 1:42 ž COR AMND/RESTATE/CORRECT OR O/D RESIGN AVILA SOUTH CONDOMINIUM ASSOCIATION, INC. 201007 Certificate of Status 0 Certified Copy 0 05 Page Count Estimated Charge \$35.00

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Articles of Amendment to Articles of Incorporation of

AVILA SOUTH CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the)		
724890		_
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Plorie amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the followin	g
A. If amending name, enter the new name of the	corporation:	
	The new	
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."	1
B. Enter new principal office address, if applicabl		_
(Principal office address <u>MUST BE A STREET AD</u>	<u>DDRESS</u>)	
		-
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>0X</u>)	-
D. If amending the registered agent and/or registe	ered office address in Florida, enter the name of the	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:	
D. <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered <u>Name of New Registered Agent</u> :	ered office address in Florida, enter the name of the d office address:	
new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:	
new registered agent and/or the new registered Name of New Registered Agent:	ered office address in Florida, entor the name of the d office address: (Florido street address)	
new registered agent and/or the new registered	<u>d office address:</u>	
new registered agent and/or the new registered Name of New Registered Agent:	(Florida street address)	-
new registered agent and/or the new registered Name of New Registered Agent:	<u>d office address:</u> (Florido street address)	
new registered agent and/or the new registered <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : 	(Florida street address) (Florida street address) (City) gistered Agent:	2021 0
new registered agent and/or the new registered <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : 	(Florida street address) (Florida street address) (City) (Zip Code)	2021 OCT
new registered agent and/or the new registered <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : 	(Florida street address) (Florida street address) (City) gistered Agent:	2021 OCT - 6
new registered agent and/or the new registered <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : 	(Florida street address) (Florida street address) (City) gistered Agent: I am familiar with and accept the obligations of the position.	2021 OCT - 5
new registered agent and/or the new registered <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : 	(Florida street address) (Florida street address) (City) gistered Agent:	2021 OCT - 5 PM
new registered agent and/or the new registered <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> : 	(Florida street address) (Florida street address) (City) gistered Agent: I am familiar with and accept the obligations of the position.	2021 OCT - 5 PM 1: 42

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2021-10-06 20:00:46 GMT

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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)

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: <u>X</u> Change X Remove X Add	<u>PT John I</u> <u>V Mike</u> SV Sally ?	Iones	
<u>Type of Action</u> (Check One)	Title	Name	Address
I) <u>× Change</u> Add	<u>D</u>	MARIO SERRANO	200 172ND STREET # 120 SUNNY ISLES BEACH, ML33160
Remove 2) <u>∞</u> Change Add	<u>P</u>	NILDA RODRIGUEZ	210 172ND STREET # 437 SUNNY ISLES BEACH, FL33160
3) <u>× </u> Remove Change <u>Add</u> Remove	<u>VP</u>	MANUEL JANE	210 172ND STREET # 434 SUNNY ISLES BEACH, FL33160
4) Change Add			
Remove 5) Change Add		<u></u>	
			FILED
Remove			™
E. <u>If amending or addi</u> (attach additional she	ng additional Ar ets, if necessary).	ticles, enter change(s) here: (Be specific)	1: 42 LORIDA
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The date of each amendment(s) adop date this document was signed.	tion:				, if o	ther than the
Effective date if applicable:						
	(no more than !	90 days after	amendment file	e date)		
Note: If the date inserted in this block document's effective date on the Depar	does not meet the a tment of State's re	applicable sta cords.	atutory filing re	quirements, this da	te will not be list	ed as the
Adoption of Amendment(s)	(CHECK ON	E)				
The amendment(s) was/were adop was/were sufficient for approval.	ted by the member	s and the nur	nber of votes c	ast for the amendm	ent(s)	

Page; 6 of 6

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

10/06/2021 • Dated Signatury 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)

NILDA RODRIGUEZ

(Typed or printed name of person signing)

 \mathbf{VP}

(Title of person signing)

FILED 2021 OCT - 6 PM 1: 42 31 - 1 0 STATE ALLANASSEE, FLORIDA