To: 8506176380



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. هٰ 5 (((H24000232755 3))) MH 11: 29 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 : CUEVAS, GARCIA & TORRES, P.A. Account Number : I20030000123 ہٰ Phone : (305)461-9500 Fax Number : (786)362-7127

Fron: eFax

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.-

Email Address:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **KENDALE LAKES MASTER CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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	Articles of Amendmen	at	SECRE
	to Articles of Incorporation	n	
	of		27 1
KENDALE LAKES MASTER CONDOMINIUM			
(Name of Corporation as currently filed with th	e Florida Dept. of State)		
724924			(*) (/) ********************************
(Docur	ment Number of Corporation	n (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida N</i>	iot For Profit Corporation adopts t	he following
4. If amending name, enter the new name of th	<u>e corporation:</u>		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		orated" or the abbreviation "Corp.	The new " or "Inc."
	-		
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>			<u> </u>
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)		
D. If amending the registered agent and/or regi	stered office address in Fl	orida, enter the name of the	
new registered agent and/or the new register			
Name of New Registered Agent:	Cuevas, Garcia & Torres,	P.A.	
	4000 Ponce De Leon Blvd	., Ste. 770	
<u>New Registered Office Address:</u>		(Florida street address)	
<u>itex negisister office nures</u> .	Coral Gables	_, ., 33146	6
	(City)	, Florida (Zip Code)	
	(00)	(np Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		went the obligations of the position	
i nereoj decepi ine apponimentali registered agen			1.
_	Signature of New 1	Registered Agent, if changing	
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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)

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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, Pras a Ghange, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mike</u>	Doe 2 Jones 2 Smith	ax er or	9 MH 11: 29
<u>Type of Action</u> (Check One)	<u></u>	<u>Name</u>	Address	63
I) × Change Add	<u>D</u>	Manzanares, Gustavo	8399 SW 137TH AVE Miami, FL 33183	_
2) Remove	<u></u>	Peredo, Alejandro	8399 SW 137TH AVE Miami, FL 33183	-
Remove Remove Change <u>x</u> Add Remove	<u>T</u>	Picado, Jose	8399 SW 137TH AVE Miami, FL 33183	-
4) Change Add	<u>s</u>	Talbot, Silvana	8399 SW 137TH AVE Miami, FL 33183	- -
X Remove 5) Change X Add	<u>D</u>	Garcia, Manuel	8399 SW 137TH AVE Miami, FL 33183	
6) <u>×</u> Change Add	<u>D</u>	Bringas. Maria	8399 SW 137TH AVE Miami, FL 33183	- -
E. If amending or ad (attach additional s		nticles, enter change(s) here:). <i>(Be specific)</i>		-
Remove Myers, Naty	as Director			
Remove Villalobos, F	emando as Directo	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>		_
Remove Castellanos,	Emesto as Director	r		_

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	2024 JUL -9 AM II: 29 SICRITATY UF STATE SICRITATIAN STEE. FL	11.2230 11
·	M N	
	MIN: 29 STEEL FL	11.28
	LITE 29	
The date of each amendment(s) adoption:	_, if other than the	
Effective date <u>if applicable</u> :		-
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not l document's effective date on the Department of State's records.	be listed as the	
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.		

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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	07/01/2024
Signature	
I	(Bysthe 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)

Maylin Torres

(Typed or printed name of person signing)

President

(Title of person signing)

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