

725400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

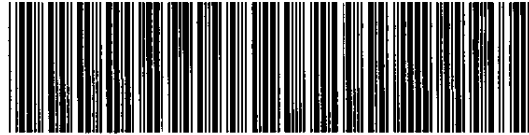
(Business Entity Name)

(Document Number)

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2010 OCT 13 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

OCT 14 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Morada Number One - A Condominium Association

DOCUMENT NUMBER: 725400

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

Please return all correspondence concerning this matter to the following:

David Menendez

(Name of Contact Person)

Top Service Property Management

(Firm/ Company)

5951 NW 151 Street, Suite 207

(Address)

Miami Lakes, FL 33014

(City/ State and Zip Code)

tspm@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Menendez

(Name of Contact Person)

at (305) 817 9012

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2010

DAVID MENENDEZ
TOP SERVICE PROPERTY MANAGEMENT
5951 NW 151 ST STE 207
MIAMI LAKES, FL 33014

SUBJECT: MORADA NUMBER ONE-A CONDOMINIUM ASSOCIATION INC
Ref. Number: 725400

We have received your document for MORADA NUMBER ONE-A CONDOMINIUM ASSOCIATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 410A00023123

Articles of Amendment
to
Articles of Incorporation
of

Morada Number One - A Condominium Association Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

725400

(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:

N/A

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**)

5951 NW 151 St

Suite 207

Miami Lakes, FL 33014

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

5951 NW 151 Street

Suite 207

Miami Lakes, FL 33014

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:

Top Service Property Management, LLC

5951 NW 151 Street Suite 207

New Registered Office Address:

(Florida street address)

Miami Lakes, FL

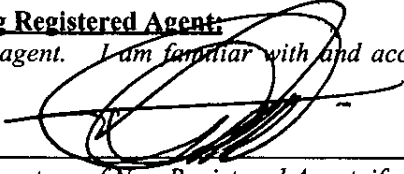
(City)

Florida 33014

(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 of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: September 9th / 2010.
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 9/23/2010

Signature _____
(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)

David Hernandez
(Typed or printed name of person signing)

CAM Manager.
(Title of person signing)

Yanier Leon
President