## 726507

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

## CASA DEL REY CONDOMINIUM ASSOCIATION, INC.

NAME OF CORPORATION:				
726507				
DOCUMENT NUMBER:				<u> </u>
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r Hugo Sanchez	natter to the following:			
	(Name of Contact I	Person)		
CASA DEL REY CONDOMINIUM ASSOCIATI	ION, INC			
	(Firm/ Compar	ıy)		
1820 S Treasure Dr. Office				
	(Address)		· · · · · · · · · · · · · · · · · · ·	
North Bay Village, FL 33141				
	(City/ State and Zip	Code)	·	
1820casadelrey@gmail.com				
E-mail address: (to be	used for future annual re	port notification	n)	. z
For further information concerning this matter, pla	ease call;			9,3
Hugo Sanchez		786	300-2929	, ,
(Name of Contact Per		(Area Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the following amount made	de payable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Certi is Certi (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	ે તે <sup>.</sup>
Mailing Address Amendment Section		treet Address mendment Sec	ion .	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CASA DEL REY CONDOMINIUM ASSOCIATION, INC.

Name of Corporation as currently filed with the I 726507	Florida Dept. of State)	
(Docume)	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the c	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."
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD		
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )	
		_
	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered	1 office address:	
Name of New Registered Agent:		
_		ى . : 
New Registered Office Address:	(Florida street address)	·
_	(City), Florida (Zip Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Re		
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	

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	T	Josely Barrial	1820 S Treasure Dr. Office North Bay Village, FL 33141
X Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	

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05/05/2023 The date of each amendment(s) adoption:	if othe	er than the
date this document was signed.	11 01110	er man me
05/05/2023 Effective date if applicable:		
(no more than 90 days after amendment file date)	-,- <u></u>	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will downward affective date on the Danagtment of Statute assembly.	I not be listed	as the
document's effective date on the Department of State's records.		
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 mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.  05/05/2023
Dated	
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)  Hugo Sanchez
	(Typed or printed name of person signing)
	President of the Board

(Title of person signing)