727209

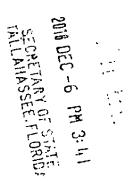
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporation	S			
NAME OF CORPORATIO	IN: HABANA	A A. COND	NOWINIUM,	ASSOCIATION, I
DOCUMENT NUMBER:	727209			
The enclosed Articles of Ame	endment and fee are subm	itted for filing.		<i>ج</i> ع
Please return all corresponde	nce concerning this matter	to the following:		FSC B
Please return all corresponde LUZ HABANA F	PADON			CUE - 6
	(Name of Contact Person	n)	SERO PA
HABANA A	CONDOM	INIUM As	50CIATION	, INGO OF
424 SW7				gr.
		(Address)		 -
Miam, F	1. 33130			
	(City/ State and Zip Cod	c)	
LUZPABON 4	5 @ aTT.	net. for future annual report	notification)	
For further information conce				
LUZ PABOR			05-987-58	269
(Name of Contact Person)	(Ar	rea Code) (Daytime T	elephone Number)
Enclosed is a check for the fo			artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
<u>Mailing Ac</u> Amendmen			Address Iment Section	
Millendinen		Antena	Overion	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

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	Articles of Amendment	
-	to Articles of Incorporation	
	of	720
Hopman A Compa	***** N	7 7
HADIANA A. CONDO. (Name of Corporation	NINIOWI, MESOCI	Allow, Ine of
		la Dept. of State)
	727209	(4)
(Docu	iment Number of Corporation (if kno	own)
ant to the provisions of section 617.1006, Flo dment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For	Profit Corporation adopts the following
amending name, enter the new name of th	ne corporation:	
		The new
must be distinguishable and contain the wor		or the abbreviation "Corp." or "Inc."
pany" or "Co." may not be used in the nam	<u>ne</u> .	
nter new principal office address, if applica	able:	
ipal office address <u>MUST BE A STREET</u> A		
nter new mailing address, if applicable: Iailing address <u>MAY BE A POST OFFICE</u>	BOX)	
	BOX)	
failing address MAY BE A POST OFFICE amending the registered agent and/or regi	istered office address in Florida, er	nter the name of the
failing address MAY BE A POST OFFICE amending the registered agent and/or regi	istered office address in Florida, er	nter the name of the
failing address MAY BE A POST OFFICE amending the registered agent and/or regi	istered office address in Florida, en red office address:	nter the name of the
failing address MAY BE A POST OFFICE amending the registered agent and/or the new registered	istered office address in Florida, en red office address:	nter the name of the
failing address MAY BE A POST OFFICE amending the registered agent and/or regions registered agent and/or registered agent and/or registered agent and/or the new registered agent and/or the new registered.	istered office address in Florida, er red office address: N/H.	
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failing address MAY BE A POST OFFICE amending the registered agent and/or registered agent and/or the new register Name of New Registered Agent:	istered office address in Florida, en red office address: N/H.	da street address)
mending the registered agent and/or the new register	istered office address in Florida, en red office address: NA.	da street address) , Florida
mending the registered agent and/or the new register	istered office address in Florida, en red office address: N/H.	da street address)
iling address MAY BE A POST OFFICE mending the registered agent and/or registered agent and/or the new register Name of New Registered Agent:	istered office address in Florida, energy office address:	da street uddress), Florida(Zip Code)

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)	Title	Name	<u>Addręs</u> s
1) Change	<u>P</u>	LUZ PABON	4245W77115 +403
★ Add Remove			mia M; F1. 33130
2) Change	5	FANIELA NAVAS	424 SW 7 1. 4403 Miani Fl. 33130
Remove 3) Change Add	5	MARIA TEILERIA	424 SW7THSt. \$201 MIANII Fl. 33130
Remove 4) Change Add	_V	Gustavo PEREIRA	424 SW7TH \$4201 WIAMI Fl. 33130
Remove 5) Change Add	T	LORENZOCORDERO	424 SW7 5t \$102 WIAMI Fl. 33130
Remove 6) Change Add Remove	\mathcal{D}	REYNALDO FRANQUI	434 5W7 "st \$ 202 mani F1 33130

7).
TYPE OFACION TITLE NAME ADDRESS

X Add D LETICIA ENCALADA YOUSW 7"st \$103

MIAMI, Fl. 33130

f amending or addi- attach additional she	ets, if necessary).	(Be specific)					
				 			
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The	e date of each amendment(s) adoption:	_, if other than the
	e this document was signed.	
Effe	ective date if applicable: Nov. 3/2018	
	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sument's effective date on the Department of State's records.	be listed as the
Add	option of Amendment(s) (<u>CHECK ONE</u>)	
Ø	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 100. 3/2018	
	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)	
	LUZ PADON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	