728017

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



05/31/28--0:017--006 ++43.75



man adas

· · · · · · · · · · · · · · · · · · ·	COVER LETTER
TO: Amendment Section Division of Corporations	r.
SUNRISE #1 CON	DOMINIUM ASSOCIATION. INC.
728017 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Marisela Iglesias	
	(Name of Contact Person)
	(Firm/ Company)
1761 SW 11th Street	
	(Address)
Miami FL 33135	
	(City/ State and Zip Code)
mariselaiglesias@comcast.net	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Marisela Iglesias	786 517-4863
(Name of Contact Person)) (Area Code) (Daytime Telephone Num
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	 \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

SUNRISE #1 CONDOMINIUM ASSOCIATION, INC.

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

728017

(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:

name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		on" or "incorporated" or th	he abbreviation "Corp."	or "Inc."	
B. <u>Enter new principal office address, if applicat</u> (Principal office address <u>MUST BE A STREET Al</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)	1761 SW 11th Street		23	
		Miami FL 33135			
	-			H.: 7 31	• : • • •
D. If amending the registered agent and/or regis new registered agent and/or the new registered	tered office	e address in Florida, enter	the name of the	PH 3: 48	•••
	Marisela Ig			84	,r
	1761 SW 1	1th Street			
		(Florida st	reet address)		
<u>New Registered Office Address:</u>					
	Miami		, Florida 33135		
		(City)	(Zip Code)		

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

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)

. .

۰.

· 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 <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>STD</u>	JEANETTE T MALLARY	27800 SW 174 AVENUE HOMESTEAD, FL 33031
× Remove			
2) Change Add	PSTD	William Sandoval	c/o 1761 Sw 11th Street Miami FL 33135
3) Remove 3) Change Add <u>×</u> Remove	PD	ROBERT STEBBINS	P O Box 332142 MIAMI, FL 33233
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u></u>
E. If amending or ad	ding additional .	Articles, enter change(s) here:	

(attach additional sheets. if necessary). (Be specific)

•	• .	• •	•	
	•			

ŧ,

·*		<u>.</u>		
			····-	
^, *,*				
·			·	
==	······································			.
·				•
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
		··· ···		
	·····		· · · · · · · · · · · · · · · · · · ·	
<u></u>	······································		· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	<u> </u>			
· · · ·				
	····			

The date of each amendment((s) adoption:	23	 , if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	05/11/2023		

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will 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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Datad	05/11/2023
Dated	
	Mi Canton
Signatur	(i) at a bai

(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)

William Sandoval

(Typed or printed name of person signing)

STD

(Title of person signing)

.

•

٠

.

.