728754

(Requestor's Name)	_		
(Address)	_		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

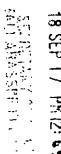
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S TALLENT SEP 1 7 2018





September 6, 2018

EUGENIO ESCOBAR GREENGLADE VILLAS HOMEOWNERS' ASSOCIATIO 13116 S.W. 20 TERR. MIAMI, FL 33175

SUBJECT: GREENGLADE VILLAS HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: 728754

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 918A00018456

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	GREENGLAD	E VILLAS HOM	1E OWNER	'S ASSOCIATIO	N, INC.
	7 2	8754			
DOCUMENT NUMBER:					
The enclosed Articles of Amendm	ent and fee are submit	ted for filing.			
Please return all correspondence o	oncerning this matter t	o the following:			
	EU	GENIO ESCOB	AR		
	4)	lame of Contact Per	rsom)		
GREEN	IGLADE VILLAS	HOME OWNER	RS' ASSOCI	ATION, INC.	
		(Firm/ Company)	***	
		13116 S.W. 20 7	TERR.		
		(Address)	<u>-</u>		
		MIAMI, FLA 33	3175		
	((City/ State and Zip (Code)		-
	GREENGI	LADE_VILLAS_	HOA@YA	ноо.сом	
E-mail	address: (to be used for	or future annual rep	ort notification)	
For further information concerning	g this matter, please ea	ii k			
EUG	ENIO ESCOBAR	at		(305) 227-0734	
(Nan	ne of Contact Person)		(Area Code)	(Daytime Telephor	ie Number)
Enclosed is a check for the follow	ing amount made pays	able to the Florida I	Department of	State:	
	43.75 Filing Fee & D Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	O Filing Fee icate of Status ind Copy tional Copy is used)	
Maffine Addre		e-	4.44		

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

Articles of Amendment to Articles of Incorporation

of

GREENGLADE VILLAS HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as curre	ently filed with the Florida Dept	t. of State)
	8754	
(Document Num	ber of Corporation (if known)	
nursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	•	Corporation adopts the following
. If amending name, enter the new name of the corpora	ation:	
		The new
ame must be distinguishable and contain the word "corpore Company" or "Co," may not be used in the name.	ration" or "incorporated" or the	abbreviation "Corp." or "Inc."
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u> 	<u></u>)	**
		\$ 100 miles
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered o	ffice address in Florida, enter ti	he name of the
new registered agent and/or the new registered offic	e address:	
Name of New Registered Agent:		
		
	(Florida stre	et address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obli	igations of the position.
	Signature of New Registered Ag	rent, 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-s a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V <u>Mike J</u> SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	JUSTINA, CASTILLO	13005 S.W. LATH TERR.
Add			MIAMI, FLA 33175
X Remove			
2) Change	D	LUIS, PRIETO	1916 S.W. 131 COURT
Add			MIAMI, FLA 33175
X Remove			
3) Change	D	DULCE GUZMAN	1900 S.W. 131 COURT
X Add			MIAMI, FLA 33175
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding tach additional sheets,	if necessary). (Be	e specific)		
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Th	date of each amen	08/28/18	, if other than the
	this document was		, II OURET UREN UDE
Eff	ective date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this date to on the Department of State's records.	will not be listed as the
Ade	option of Amendme	nt(s) (CHECK ONE)	JA 44
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment for approval.	nt(s)
ø	There are no memb	ers or members entitled to vote on the amendment(s). The amendment(s) was/weard of directors.	re
	Dated	08/28/18	
	Signature	Eugenio escobar	-
	•	By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator — if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
		EUGENIO ESCOBAR	
		(Typed or printed name of person signing)	
		BOARD DIRECTOR	•
		(Title of person signing)	_