# 730498

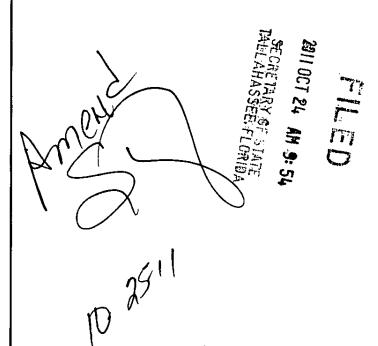
| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



900213033359

900213033359 10/24/11--01046--021 \*\*\*43.75



#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO           | RATION: SUNRISE # 2   | CONDOMINIUM ASS  | OCIATION INC  |
|-------------------------|---|--|---|
| DOCUMENT NUM            | BER: 730498   |  |   |
| The enclosed Article.   | s of Amendment and fee are sub  | mitted for filing.   |   |
| Please return all corre | espondence concerning this matt   | er to the following:   |   |
|                         |   | LA IGLESIAS Contact Person)  |   |
|                         | (rvaine or  | Connect Cisony   |   |
| IGLE                    | ESIAS ACCOUNTING BOO  | ······································   | SSIONAL SERVICES  |
|                         | (Firm   | / Company)   |   |
|                         | 1761 SW   | 11th STREET  |   |
|                         | (A  | Address)   |   |
|                         | MIAM  | II FL 33135  |   |
|                         |   | e and Zip Code)  |   |
|                         | MADIOTI AIOLEG  | NAC GOOD OAST NET  |   |
| <del></del>             | E-mail address: (to be used   | SIAS@COMCAST.NET  If for future annual report notified   | cation)   |
| For further informati   | on concerning this matter, please   | e call:  |   |
| MARISELA                |   | at ( 786 <sub>)</sub> 517-48   | 63  |
| (Name                   | of Contact Person)  |  | ime Telephone Number)   |
| Enclosed is a check t   | or the following amount made p  | ayable to the Florida Departmen  | nt 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Ame<br>Divis<br>P.O.    | ing Address indiment Section sion of Corporations Box 6327 hassee, FL 32314 | Street Address Amendment Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | er Circle   |

### **Articles of Amendment** to **Articles of Incorporation**

|                                  | <u> </u>   |
|----------------------------------|--|
| the Florida Dept. of Sta         |  |
|                                  |  |
| tion (if known)                  |  |
| s, this <i>Florida Not For P</i> | rofit Corporations dopie   |
| <u>o<b>n:</b></u>                |  |
|                                  | orporated" or the  |
|                                  |  |
| 1761 SW 11th STR                 | REET   |
| MIAMI FL 33135                   |  |
|                                  | ter the name of the  |
| SELA IGLESIAS                    |  |
| SW 11th STREET                   | _  |
| rida street address)             |  |
| MIAMI                            | , Florida <u>33135</u><br>(Zip Code)   |
| (City)                           | (Zip Code)   |
| Agent:                           |  |
| familiar with and accep          | ∑ <sub>1</sub>   |
|                                  | e address in Florida, em<br>Idress:<br>SELA IGLESIAS<br>SW 11th STREET<br>rida street address) |

## '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>Titte</u>                          | <u>Name</u>  | Address                             | Type of Action    |
|---------------------------------------|--|-------------------------------------|-------------------|
| S/T                                   | JOSIANN ZAYAS  | 400 NE 18 AVE<br>HOMESTEAD FL 33033 | ☐ Add<br>☑ Remove |
| P/S/T/D                               | HECTOR TRUJILLO  | 400 NE 18 AVE<br>HOMESTEAD FL 33033 | ☑ Add<br>☐ Remove |
| <u>VP</u>                             | CARLOS CALVO   | 400 NE 18 AVE<br>HOMESTEAD FL 33033 | ☐ Add<br>☑ Remove |
| E. If amend<br>(attach aa             | ling or adding additional Articles, of ditional sheets, if necessary). (Be | enter change(s) here:<br>specific)  |                   |
|                                       |  |                                     |                   |
| · · · · · · · · · · · · · · · · · · · |  |                                     |                   |
|                                       |  |                                     |                   |
|                                       |  |                                     |                   |
|                                       |  |                                     |                   |
|                                       |  |                                     |                   |
|                                       |  |                                     |                   |

| The date of each amendmen                            | nt(s) adoption: 10/14/2011  |
|--|---|
| <br>Effective date <u>if applicable</u> :            | (date of adoption is required)  |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                             | (CHECK ONE)   |
| The amendment(s) was/w<br>was/were sufficient for ap | vere adopted by the members and the number of votes cast for the amendment(s) oproval.  |
| There are no members or adopted by the board of c    | r members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.  |
| ha   | By the chairman or vice chairman of the bound, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) |
|  | JOSIANN ZAYAS   |
|  | (Typed or printed name of person signing)   |
|  | SECRETARY / TRESURER  |
|  | (Title of pareon signing)   |