736960

(Re	questor's Name)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
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Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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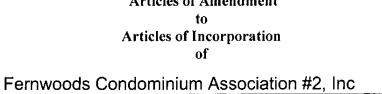
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Fernwoods C	ondominium Associati	ion #2, Inc
DOCUMENT NUM	век: 736966		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
		ian Alvarez	
	(Name o	f Contact Person)	
	Alvarez & A	Associates CPA, PA	
	(Fir	n/ Company)	
	2601 South Bay	yshore Drive, Suite 200	· · · · · · · · · · · · · · · · · · ·
	•	(Address)	
	Coconut	Grove, FL 33133	
***************************************	(City/ St.	ate and Zip Code)	
		rezassociatescpa.com ed for future annual report noti	fication)
For further information	on concerning this matter, pleas	se call:	
Vivian Alvarez		at (305) 250-5	660
(Name	of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed is a check for	or the following amount made	payable to the Florida Departm	ent 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 Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis	ing Address indment Section ion of Corporations	Street Address Amendment Section Division of Corpor	
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle

Tallahassee, FL 32301

Articles of Amendment



TATEL AND AM 9: 04 (Name of Corporation as currently filed with the Florida Dept. of State)

736966

(Document Number of Corporation (if known)

	the corporation:	
e new name must be distinguishable and co previation "Corp." or "Inc." <u>"Company" or</u>		
Enter new principal office address, if appl incipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or re	registered office address in Florida	enter the name of the
new registered agent and/or the new regis		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	····
AUGMONON Office Hadress		
	(City)	, Florida

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
S,D_	Pando, Manuel	706 NW 87 Ave, #106 Miami, FL 33172	□ Add □ Remove
<u>S,D</u>	Ferrer, Alberto R	706 NW 87 Avenue, #111 Miami, FL 33172	_
	· · · · · · · · · · · · · · · · · · ·		
	ding or adding additional Articles, dditional sheets, if necessary). (Be		

The date of each amendment(s) adoption: U//2 1/2011
(date of adoption is required) Effective date if applicable:
(no more than 90 days after amendment file date)
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.
Dated_07/29/2011
Signature Allen Hish
(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)
Allen Hirsh
(Typed or printed name of person signing)
Director
(Title of person signing)

Page 3 of 3