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C. BRUMBLEY
JUN 2 2 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:  Taracomo Townhomes Condominium Association Inc	
741780 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eladio Vega	
(Name of Contact Person)	
West Kendall Management Inc	
(Firm/ Company)	
13755 SW 84 ST	
(Address)	
Miami, FL 33183	
(City/ State and Zip Code)	
taracomo@westkendallmgmt.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Eladio Vega 305 9796351	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee U\$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is Enclosed)	
Mailing Address Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Taraconio Townhomes Condominium Association Inc (Name of Corporation as currently filed with the Florida Dept. of State) 741780 (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 "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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)

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	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>D</u>	Madeline Perez	13755 SW 84 ST Miami, FL 33183
Remove			
2) Change Add		Magdalena Cabrera	13755 SW 84 ST Miami, FL 33183
X Remove 3) Change Add X Remove		Yaneisy Hernandez	13755 SW 84 ST Miami, FL 33183
4) Change Add	<u>D</u>	Rosa Cardenas	13755 SW 84 ST Miami, FL 33183
Remove  5) Change Add Remove		<u> </u>	
6) Change Add			
E. If amending or adding (attach additional sheet)	g additional Artic s, if necessary).	cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) ado	ption:	if other than the
date this document was signed.		, it other than the
_		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

Signature(By the chairman	Edundoff 1)
<u> </u>	
have not been sel	or vice chairman of the board, president or other officer-if director; lected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)
Eduardo Mald	donado
	(Typed or printed name of person signing)

(Title of person signing)