

742088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

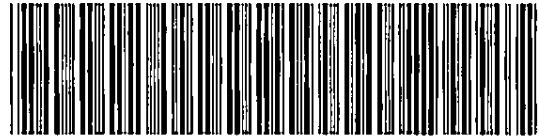
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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S TALLENT
NOV 15 2018

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18 NOV 14 AM 12:00
OFFICE OF STATE
CLERK

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2018

ANA VEIGA-MILTON
7207 MONACO STREET
CORAL GABLES, FL 33143

SUBJECT: COCOPLUM CIVIC ASSOCIATION, INC.
Ref. Number: 742088

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

YOU HAVE FILED TWO (2) SEPERATE AMENDMENTS. ON PAGE 3 OF 4, STATE ONLY "SEE ATTACHED". PLEASE REMOVE WHAT IS IN THE CIRCLE ON PAGE 1 OF 2 AND REMOVE PAGE 2 OF 2 AS WELL.

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: 618A00022774

RECEIVED
2018 NOV 14 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COCOPLUM CIVIC ASSOCIATION, INC.

DOCUMENT NUMBER: 742088

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA VEIGA-MILTON
(Name of Contact Person)

N/A
(Firm/ Company)

7207 MONACO STREET
(Address)

CORAL GABLES, FLORIDA 33143
(City/ State and Zip Code)

avmilton@bellsouth.net ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA VEIGA MILTON at 305 450-8222
(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:

- \$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)

Mailing Address
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

COCOPLUM CIVIC ASSOCIATION, INC.

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

742088

(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:

_____ *The new 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 MUST BE A STREET ADDRESS)

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:

(City)

Florida

(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

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NOV 14 AM 10:00
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>CONSUELO STEWART</u>	<u>8209 LOS PINOS CIRCLE</u> <u>CORAL GABLES, FL 33143</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>DAVID SERVIANSKY</u>	<u>7920 LOS PINOS BOULEVARD</u> <u>CORAL GABLES, FL 33143</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>STEPHANIE SAMANDAR</u>	<u>8203 LOS PINOS CIRCLE</u> <u>CORAL GABLES, FL 33143</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>GEORGE A. PLASCENCIA</u>	<u>7251 MONACO STREET</u> <u>CORAL GABLES, FL 33143</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JUAN CARLOS CANTO</u>	<u>7301 MONACO STREET</u> <u>CORAL GABLES, FL 33143</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:

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

SEE ATTACHED

ARTICLE III: MEMBERSHIP

Membership in the Association and the rights and responsibilities of the Members of the Association, including but not limited to voting rights and the payment of Association dues, shall be administered in accordance with the by-laws.

ARTICLE VIII: BY-LAWS

The by-laws of the Corporation shall be made by the majority of the officers and directors. The method of making, amending, altering, or rescinding the by-laws of the Corporation shall be by a majority vote of the Board of Directors.

ARTICLE IX: AMENDMENTS TO THE ARTICLES OF INCORPORATION

Any amendments to these Articles of Incorporation may be proposed in writing by the Board via resolution and consent and approved by a majority vote of the Board; or, proposed, in writing, by any three (3) members. Such proposed amendment by the members shall then be given to the Secretary of the Corporation who shall furnish a copy thereof to each member. At the next general meeting of the members thereafter, provided not less than five (5) days intervene between the giving of such notice and the date of such next general member meeting, the proposed amendment shall be considered and, if approved by majority vote of those present, shall be adopted.

The foregoing Articles of Amendment were approved and adopted unanimously by the Board at an emergency meeting of the Board - in accordance with the Articles of Incorporation, as amended, and the Bylaws, as amended and restated - held on the 18th day of September, 2018.

SEPTEMBER 18, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

RETROACTIVE

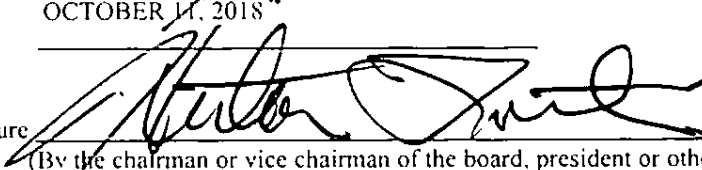
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Dated OCTOBER 11⁹, 2018^{HF}

Signature 

(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)

HECTOR FORTUN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)