

746905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

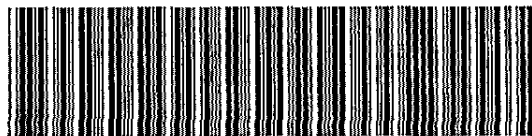
(Business Entity Name)

(Document Number)

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02/19/07--01013--016 **43.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OF
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LOURDES SANCHEZ-BARCIA, ESQ.
JENNIFER A. CORDERO, ESQ.

February 14, 2007

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: SEASHORE CLUB SOUTH MOTEL CONDOMINIUM
ASSOCIATION, INC.
DOCUMENT NO: 746905**


To Whom it Concern:

The undersigned represents SEASHORE CLUB SOUTH MOTEL CONDOMINIUM ASSOCIATION, INC. Enclosed, please find a completed amendment form to change the corporate name from SEASHORE CLUB SOUTH MOTEL CONDOMINIUM ASSOCIATION, INC. to SEASHORE CLUB SOUTH CONDOMINIUM ASSOCIATION, INC. I have enclosed a check in the amount of \$43.75 reflecting payment of the filing fee and of a certified copy. I would greatly appreciate it if all documents related to this amendment be mailed to me.

Thank you for your assistance. If you have any questions, please do not hesitate to contact me.

Very truly yours,

HABER & GANGUZZA, LLP



JENNIFER ANN CORDERO, ESQ.
For the Firm

CC: Seashore Club South

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEASHORE CLUB SOUTH MOTEL CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: 746905

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

Please return all correspondence concerning this matter to the following:

JOSEPH H. GANGUZZA, ESQ.

(Name of Contact Person)

HABER & GANGUZZA, LLP.

(Firm/ Company)

1 SE 3RD AVE, SUITE 1820

(Address)

MIAMI, FLORIDA 33131

(City/ State and Zip Code)

For further information concerning this matter, please call:

ALINA FELDMAN

(Name of Contact Person)

at (305) 652-6808 X. 265

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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

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TALLAHASSEE, FLORIDA
NC.

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 2/21/01

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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

FRANCISCO NAVARRO.

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35