## 747122

(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:
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:

Office Use Only



400285539294

05/09/16--01030--018 \*\*35.00

2016 JUN 27 AN 8: LE SECRELARY OF STATE FALLAHASSET, FLORINA

JUN 28 2016

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations Venetian Isle Condominium, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michele C Smith Venetian Isle Condominium, Inc. 801 N. Venedian Drive MIAMI PL 33139 (City/State and Zip Code) Venisle a bellsouth net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & B\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) 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



June 8, 2016

MICHELE C. SMITH VENETIAN ISLE CONDOMINIUM, INC. 801 N. VENETIAN DRIVE MIAMI, FL 33139

SUBJECT: VENETIAN ISLE CONDOMINIUM, INC.

Ref. Number: 747122

We have received your document for VENETIAN ISLE CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton Regulatory Specialist II

Letter Number: 516A00012083.



16 JUN -6 PM 4: 50

## FLORIDA DEPARTMENT OF STATE INTEGRAL ATE Division of Corporations TALL AHASSEE, FLORIDA

May 11, 2016

MICHELE C. SMITH VENETIAN ISLE CONDOMINIUM INC 801 N. VENETIAN DRIVE MIAMI, FL 33139

SUBJECT: VENETIAN ISLE CONDOMINIUM, INC.

Ref. Number: 747122

We have received your document for VENETIAN ISLE CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 016A00009952

## Articles of Amendment to

· · · · · · · · · · · · · · · · · · ·	Articles of Incorporation	•
Venetian =		ninium Inc
(Name of Corporation as	currently filed with the Florie	da Dept. of State)
	4/122	
(Documen	t Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If a mending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	orporation" or "incorporated"	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	:	
(Principal office address <u>MUST BE A STREET ADD</u>		
C. Pater and mailing address if a self-address		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X)	
<u> </u>		
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>		enter the name of the
me w restered agent analog the new registered	otine address.	
Name of New Registered Agent:		
	(Flo.	rida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zıp Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.		he obligations of the position.
•	·	
	Signature of New Registe	red Agent, if changing

2016 JUN 27 AH 8: 48

Page 1 of 4

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	V Mik	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u> _	Baier, Kirsten	801 N. Venetian Dr MIAMI, FL 33139
Add Remove			
2) Change Add	<u>S</u> _	DeArcos, Henry	801 N. Venotian Dr. Miami, R. 33139
Remove 3) Change Add	P	Lodi, Francesca	801 N. Venetian Or MIAMI, FL 33139
Remove 4) Change Add	<u>VP</u>	Cohen, Oren	801 N. Venetian Dr Midmi, PC 33139
Remove  5) Change  Add  Remove	3_	Wynne, Sharon	801 N. Venetian DR. MIAMI, GL 33139
6) Change			
Remove		Page 2 of 4	

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	,		
the state of the s		,		
•				
•				
		 	-	
	<del></del>			
<del>"</del>				
····				
	<del></del>			
·			-	

The date of each amendment(s) add late this document was signed.	option: March	17, 2016	, if other than the
Effective date if applicable:		;	
	(no more than 90 days aft	ier amendment file date)	,
Note: If the date inserted in this bloc locument's effective date on the Dep		statutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adwas/were sufficient for approval		number of votes cast for the ame	ndment(s)
There are no members or memb adopted by the board of director		dment(s). The amendment(s) w	as/were
Dated5	124/16		
Signature			
(By the chairs have not bee	man or vice chairman of the boan selected, by an incorporator - ppointed fiduciary by that fiduc  FM N & SCA  (Typed or printed	if in the hands of a receiver, training)	
	Pres ver	of person signing)	