

741556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

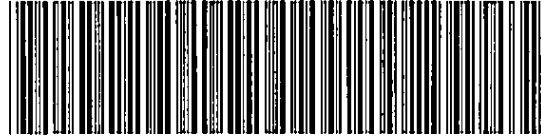
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BUILDING OWNERS AND MANAGERS ASSOCIATION MIAMI-DADE, INC.

DOCUMENT NUMBER: 749556

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

Please return all correspondence concerning this matter to the following:

GRACE VALDIVIA

(Name of Contact Person)

COLLIERS INTERNATIONAL C/O BOMA MIAMI-DADE

(Firm/ Company)

2333 PONCE DE LEON BLVD, SUITE R210

(Address)

CORAL GABLES, FL 33134

(City/ State and Zip Code)

GRACE.VALDIVIA@COLLIERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRACE VALDIVIA

305-666-6523

at

(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2019

GRACE VALDIVIA
5915 PONCE DE LEON BLVD
STE. 47
CORAL GABLES, FL 33146

SUBJECT: BUILDING OWNERS AND MANAGERS ASSOCIATION MIAMI -
DADE, INC.
Ref. Number: 749556

We have received your document for BUILDING OWNERS AND MANAGERS ASSOCIATION MIAMI - DADE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You failed to list the address for the office/directors being added.

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: 619A00024581

Rec'd 12/12/19

Articles of Amendment
to
Articles of Incorporation
of

BUILDING OWNERS AND MANAGERS ASSOCIATION MIAMI-DADE, INC.

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

749556

(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:

N/A

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)

2333 PONCE DE LEON BLVD

SUITE R210

CORAL GABLES, FL 33134

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2333 PONCE DE LEON BLVD

SUITE R210

CORAL GABLES, FL 33134

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:

GRACE VALDIVIA

2333 PONCE DE LEON BLVD, SUITE R210

(Florida street address)

New Registered Office Address:

CORAL GABLES

(City)

Florida 33134

(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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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) <u> </u> Change	<u>P</u>	<u>VICKI BAISDEN</u>	<u>2525 PONCE DE ELON BLVD</u>
<u> </u> Add			<u>SUITE 300</u>
<u>X</u> Remove			<u>CORAL GABLES, FL 33134</u>
2) <u> </u> Change	<u>PP</u>	<u>PETER ROMERO</u>	<u>2525 PONCE DE LEON BLVD</u>
<u> </u> Add			<u>SUITE 300</u>
<u>X</u> Remove			<u>CORAL GABLES, FL 33134</u>
3) <u> </u> Change	<u>T</u>	<u>DUANNE JORDAN</u>	<u>2525 PONCE DE LEON BLVD</u>
<u> </u> Add			<u>SUITE R210</u>
<u>X</u> Remove			<u>CORAL GABLES, FL 33134</u>
4) <u>X</u> Change	<u>P</u>	<u>DAISY ARMENTEROS, RPA, FMA</u>	<u>2333 PONCE DE LEON BLVD</u>
<u> </u> Add			<u>SUITE R210</u>
<u> </u> Remove			<u>CORAL GABLES, FL 33134</u>
5) <u> </u> Change	<u>S</u>	<u>GRACE VALDIVIA</u>	<u>2333 PONCE DE LEON BLVD</u>
<u>X</u> Add			<u>SUITE R210</u>
<u> </u> Remove			<u>CORAL GABLES, FL 33134</u>
6) <u> </u> Change	<u>T</u>	<u>KATHY ESCOBAR</u>	<u>2333 PONCE DE LEON BLVD</u>
<u>X</u> Add			<u>SUITE R210</u>
<u> </u> Remove			<u>CORAL GABLES, FL 33134</u>

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	PP	HILDA MENDOZA	2333 PONCE DE ELON BLVD
<input checked="" type="checkbox"/> Add			SUITE R210
<input type="checkbox"/> Remove			CORAL GABLES, FL 33134
2) <input checked="" type="checkbox"/> Change	VP	EVELYN MERCADO	2333 PONCE DE LEON BLVD
<input checked="" type="checkbox"/> Add			SUITE R210
<input type="checkbox"/> Remove			CORAL GABLES, FL 33134
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: OCTOBER 28, 2019, if other than the date this document was signed.

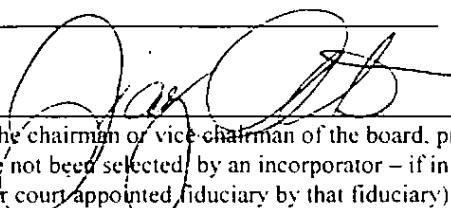
Effective date if applicable: OCTOBER 28, 2019
(no more than 90 days after amendment file date)

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 DECEMBER 11, 2019

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)

DAISY ARMENTEROS, RPA, FMA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)