## 750346

| (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: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |





400314374904

06/11/16--01098--018 \*\*55.00

2018 JUL 31 AM 9: 20
SECRETARY OF STATE
TALLAHASSEE

Afrend. De 1118



June 13, 2018

DAVID KASSIR 412 E RIVO ALTO DR MIAMI BEACH, FL 33139

SUBJECT: VENETIAN ISLANDS HOMEOWNERS ASSOCIATION, INC.

Ref. Number: 750346

We have received your document for VENETIAN ISLANDS HOMEOWNERS ASSOCIATION, 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 registered agent must sign accepting the designation.

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.

Rebekah White Regulatory Specialist II

Letter Number: 218A00012343

www.sunbiz.org

DO DOM GOOD WILL BY 11 OF

## COVER LETTER

TO: Amendment Section Division of Corporations

| itted for filing.  |   |  |
|--|---|--|
| to the following:  |   |  |
| •  |   |  |
| Name of Contact Person   | on)   |  |
| (Firm/ Company)  |   |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                    |   |  |
| (Address)  |   |  |
|  |   |  |
| City/ State and Zip Co   | de)   | -  |
|  |   |  |
| or future annual report  | notification  | <u> </u>   |
| all:   |   |  |
|  |   | 320-0007   |
| (,2  | Area Code)  | (Daytime Telephone Number)   |
| able to the Florida Dep  | partment of 5   | State:   |
| 3843.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certifi<br>Certifi  | O Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed)   |
| Amen   | idment Secti  |  |
|  | to the following:  Name of Contact Person (Firm/ Company)  (Address)  City/ State and Zip Comor future annual reportable and Zip Comor | to the following:  Name of Contact Person)  (Firm/ Company)  (Address)  City/ State and Zip Code)  or future annual report notification all:  at   202  (Area Code)  able to the Florida Department of Sich Certified Copy Certified Copy (Additional copy is certified Coding (Additional copy is Certified Coding (Additional copy is Certified Coding (Additional coding Coding Certified Coding Certified Coding (Additional coding Certified Coding Certifi |

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| <b>2</b> 0 . | F//                       |
|--------------|---------------------------|
| SECHOLO      | FILED<br>13, AM 9:20      |
| ALLAN        | 13, 44 9:20<br>SSEE 5/47E |
| State)       | CE. KETE.                 |

| Venetian Islands Homeowners Association   Tree   |   | OSE OF   |
|--|---|--|
| (Name of Corporation as curre  | ntly filed with the Florid:             | a Dept. of State)                                |
| 750346   |   |  |
| (Document Num  | ber of Corporation (if know             | vn)  |
| Pursuant to the provisions of section 617.1006, Florida Statu<br>amendment(s) to its Articles of Incorporation:        | tes, this Florida Not For I             | Profit Corporation adopts the following          |
| <ol> <li>If amending name, enter the new name of the corpora</li> </ol>  | tion:                                   |  |
| name must be distinguishable and contain the word "corpor  | ation" or "incorporated"                | The nev<br>or the abbreviation "Corp," or "Inc." |
| "Company" or "Co." may not be used in the name.  |   |  |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> | <u> </u>                                |  |
|  |   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                | 412 E Rivo Alto                         |  |
|  | Miami Beach FL 33139                    |  |
|  |   |  |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office         |   | ster the name of the                             |
| Name of New Registered Agent.  |   |  |
|  | (Flori                                  | da sireet address)                               |
| New Registered Office Address:   |   |  |
|  |   | , Florida  |
|  | (City)                                  | (Zip Code)                                       |
| New Registered Agent's Signature, if changing Registere<br>I hereby accept the appointment as registered agent. I am j | d Agent:<br>familiar with and accept th | e obligations of the position.                   |
|  | Signature of New Rouister               | ed Avent 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 | V Mike       | Doe<br>S Jones<br>S Smith |                      |
|----------------------------------|--------------|---------------------------|----------------------|
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u>               | Address              |
| 1)Change                         | Treasure     | Janet Khamsi              |                      |
| Add                              |              |                           |                      |
| Remove                           |              |                           |                      |
| 2) Change                        | Ticasure     | David Kassir              | 412 E Rivo Alto      |
| X Add                            |              |                           | Miami Beach FL 33139 |
| Remove                           |              |                           |                      |
| 3) Change                        |              |                           |                      |
| Add                              |              |                           |                      |
| Remove                           |              |                           |                      |
| 4) Change                        |              |                           |                      |
| Add                              |              |                           |                      |
| Remove                           |              |                           |                      |
| 5) Change                        |              |                           |                      |
| Add                              |              |                           |                      |
| Remove                           |              |                           |                      |
| 6) Change                        |              |                           |                      |
| Add                              |              |                           |                      |
| Remove                           |              |                           |                      |

| f amending or adding additional Arti-<br>attach additional sheets, if necessary). | (не specific) |
|---|---------------|
|   |               |
|   |               |
|   |               |
| · · · · · · · · · · · · · · · · · · ·   |               |
|   |               |
|   |               |
|   |               |
| ·   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
|   |               |
| ,   |               |
|   |               |

|                   |   | 7/31/2018   | , if other than the |
|-------------------|---|---|---------------------|
|                   | date of each amend<br>this document was si        | ment(s) adoption:gned.  | , if other than the |
| Effo              | ective date <u>if applica</u>                     | ble:  |                     |
|                   |   |   |                     |
| <u>Not</u><br>doc | e: If the date inserted<br>ument's effective date | I in this block does not meet the applicable statutory filing requirements, this date will no on the Department of State's records.   | t be listed as the  |
| Ade               | option of Amendmen                                | u(s) ( <u>CHECK ONE</u> )   |                     |
|                   | The amendment(s) was/were sufficient              | was/were adopted by the members and the number of votes cast for the amendment(s) for approval.   |                     |
|                   | There are no member adopted by the boar           | ers or members entitled to vote on the amendment(s). The amendment(s) was/were ed of directors.   |                     |
|                   | Dated _   | 7/31/2018   |                     |
|                   | Signature _                                       | 475   |                     |
|                   | (I<br>(I  | By the chairman of 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) |                     |
|                   |   | David Kassir  |                     |
|                   |   | (Typed or printed name of person signing)   |                     |
|                   |   | Treasurer   |                     |
|                   |   | (Title of person signing)   |                     |