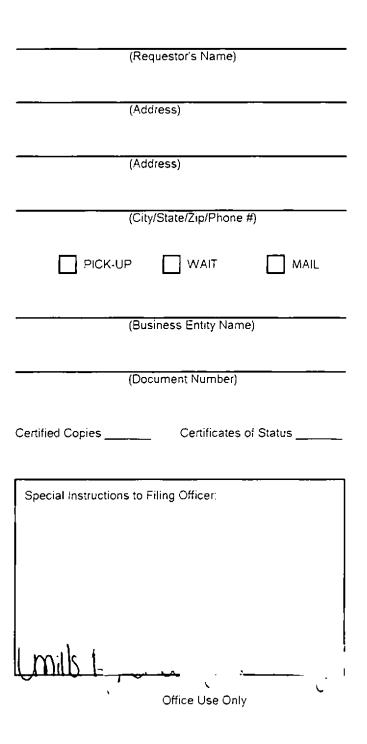
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	OUTH CONDOMINI	UM, INC	·
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this mat	ter to the following:		
JESSICA CASTROMAN - PROPERTY MANAGE	R		
	(Name of Contact F	Person)	
KINGS CREEK SOUTH CONDOMINIUM, INC			
	(Firm/ Compar	ıy)	
7735 SW 86TH ST			
	(Address)		
MIAMI, FL 33143			
	(City/ State and Zip	Code)	<del></del>
KINGSCREEKSOUTH@GMAIL.COM			
E-mail address: (to be use	d for future annual re	port notificatio	n)
For further information concerning this matter, please	e call:		
JESSICA CASTROMAN	2	305	271-5454
(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of	State:
\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	A D T	treet Address mendment Sect ivision of Corpo he Centre of T 415 N. Monro	prations

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

KINGS CREEK SO	ЈТН СОИD	OMINIUM.	. INC
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750424		
(Document	Number of Corporation (if	known)
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 amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporat	The new ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )	2023 SE TAL
		0CT
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Y) N/A	16
		<u> </u>
		, G
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florid	la, enter the name of the
Name of New Registered Agent: N/	_ <del>_</del>	
New Registered Office Address:	(	(Florida street address)
N/,	A	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regin the Agent. If the hereby accept the appointment as registered agent.	stered Agent: am familiar with and accep	ot the obligations of the position.
		stered 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: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add X Remove	DIRECTOR	HOJAT FARAJZADEH	7735 SW 86 ST MIAMI, FL 33143
2) Change Add	OFFICER	NIXON J. ALCANTARA	735 SW 86 ST MIAMI, FL 33143
Remove 3 ) Remove Add Remove		<del></del>	
4) Change Add		<del></del>	
Remove 5) Change Add Remove			
6) Change Add		<u> </u>	
E. If amending or addin (attach additional shee	g additional Arti is, if necessary).	cles, enter change(s) here: (Be specific)	
		<del></del>	

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	<del>-</del>	<del></del>
	<del>_</del>	
		<del></del>
		<u></u>
The date of each amendment(s) adoption:		in attack of the second
ate this document was signed.		, it other than th
Effective date if applicable:		
Itective date it applicable:  (no more than 90 days after	amendment file date)	
ota: If the date incerted in this block does not must the applicable as		

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.

Dated	11/3/2023
	A
Signatu	
	(By the continued 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)
	JOSEPHINE KOIVU
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) SECRETARY OF THE BOARD OF DIRECTORS