

753717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

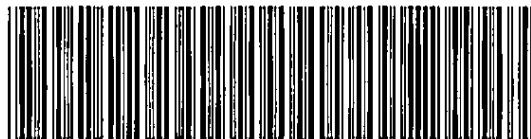
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

524-



900335122619

10/08/19--01018--008 \*\*43.75

2019 NOV 13 AM 9:31

7D

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Fox Chase Condominium No 2 Association, Inc.

DOCUMENT NUMBER: 753717

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

Please return all correspondence concerning this matter to the following:

Jose Romero

(Name of Contact Person)

Fox Chase Condominium

(Firm/ Company)

8605 NW 8 ST

(Address)

Miami FL 33126

(City/ State and Zip Code)

RomeroVivero@yahoo.com

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

For further information concerning this matter, please call:

Jose Romero

(Name of Contact Person)

at (305) 336 2272

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2019

JOSE ROMERO  
8605 NW 8 STREET  
MIAMI, FL 33126

SUBJECT: FOX CHASE CONDOMINIUM NO. 2 ASSOCIATION, INC.  
Ref. Number: 753717

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page 3 is missing.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 219A00022498

20191031 13:11:00

Articles of Amendment  
to  
Articles of Incorporation  
of

2019 NOV 13 AM 9:31

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

Foxchase Condominium No 2 Association, Inc.

(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:

*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)

8605 NW 8 STREET  
Miami FL 33126

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

GILBERTO SANCHEZ

8625 NW 8 STREET #305

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida

33126

(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:

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

Type of Action  
(Check One)

Title

Name

Address

- |  |               |   |  |
|--|---------------|---|--|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>PD</u>     | <u>Panetta Vincent</u>                  | <u>8625 NW 8ST #416</u><br><u>Miami FL</u><br><u>33126</u>   |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>VPD</u>    | <u>Monoz Ana</u>                        | <u>8625 NW 8ST #118</u><br><u>Miami FL</u><br><u>33126</u>   |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>PD</u>     | <u>Sanchez Gilberto</u>                 | <u>8625 NW 8ST</u><br><u># 305</u><br><u>Miami FL 33126</u>  |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VPD</u>    | <u>Valdes-Miranda</u><br><u>Antonio</u> | <u>8625 NW 8 ST</u><br><u>#113</u><br><u>Miami, FL 33126</u> |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>STD</u>    | <u>Perez, Sonia Lucia</u>               | <u>8625 NW 8ST</u><br><u># 217</u><br><u>Miami, FL 33126</u> |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>      </u> | <u>      </u>                           | <u>      </u><br><u>      </u><br><u>      </u>              |

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

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

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

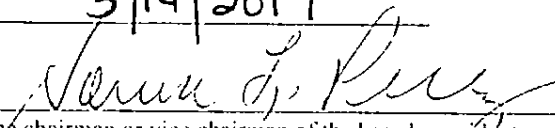
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

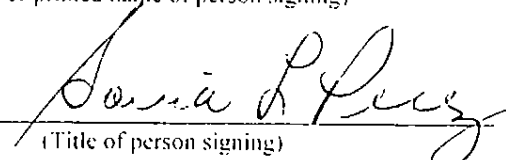
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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 5/14/2019

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)

SONIA L. PEREZ  
(Typed or printed name of person signing)

 JTD  
(Title of person signing)