

754027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

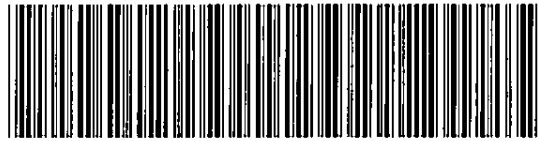
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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JAN 14

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2024

KS CONSULTING AND MANAGEMENT SOLUTIONS.
KOMAL PATEL
PO BOX 291975
DAVIE, FL 33329

SUBJECT: WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC
Ref. Number: 754027

We have received your document for WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, 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):

Must have the complete address for the Officers/Directors

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 324A00021211

12/19/24



mailed on
8/19/24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2024

KS CONSULTING AND MANAGEMENT SOLUTIONS
KOMAL PATEL
PO BOX 291975
DAVIE, FL 33329

SUBJECT: WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, INC
Ref. Number: 754027

We have received your document for WESTVIEW CONDOMINIUM ASSOCIATION NO. SEVEN, 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):

Articles of Correction can only be filed within 30 day of the original file date.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 024A00015189

AUG 29 2024

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Westview Condominium Association No. Seven, Inc.
Name of Corporation

DOCUMENT NUMBER: 754027

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Komal Patel

Name of Contact Person

KS Consulting and Management Solutions

Firm/Company

PO Box 291975

Address

Davie, FL 33329

City/State and Zip Code

westviewcondo7@outlook.com

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

For further information concerning this matter, please call:

Komal

Name of Contact Person

at (954) 7093552

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

WESTVIEW Condominium Association No. SEVEN, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

754027
(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)

40 KS Consulting Management Solutions
P.O. Box 291575
Orlando, FL 32829

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

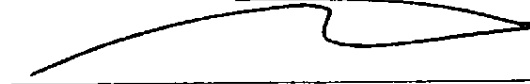
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Tucker & Lakeinsky, PA
800 E Broward Blvd Suite 710
(Florida street address)

New Registered Office Address: Fort Lauderdale, Florida 33301
(City) (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 checked="" type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>T</u> | <u>VILLAVENDE, AMARUEL</u> | <u>1070 NW 99TH AVE</u>
<u>Pembroke Pines, FL 33024</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>S</u> | <u>BALL, AVERY</u> | <u>1140 NW 99TH AVE</u>
<u>Pembroke Pines, FL 33024</u> |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>BARRETO EDWIN</u> | <u>9955 NW 18TH ST</u>
<u>Pembroke Pines, FL 33024</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>VP</u> | <u>WEENER MARLA</u> | <u>1041 NW 99TH TER</u>
<u>Pembroke Pines, FL 33024</u> |
| 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)

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

12/16/24

Signature

Manuel Villaverde

(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)

Manuel Villaverde

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

2024 12 16 10:11 AM