8/27/2015

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000207084 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BALDY MARTINEZ P.A.

Account Number : 120110000042

Phone

: (305)454-5804

Fax Number

: (305)454-5808

nter the email address for this business entity to be used for future ännual report mailings. Enter only one email address please.**

Email	Address:		•

COR AMND/RESTATE/CORRECT OR O/D RESIGN PELICAN REEF CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

AUG 28 2015

C McNAIR

1/1

HI50002070843

Corporate Filing Menu

Help

Electronic Filing Menu

P.O. Box 6327

Tallahassee, FL 32314

	enanyas ir salesas er i naga era et memm	TOTAL MANAGEMAN	A	and the state of t
aldy Martinez Fax: (305) 615-1371 To: +	18506176380 Fax: +1850	16176380		8/27/2015 11:22 AM
·	4190009	JU1 US	TO ,	
•	COVER LETTER			15 NIG 27
TO: A_mendment Section Division of Corporations				13
NAME OF CORPORATION:	CONDOMINIUM ASSOC	IATION, I	NC	
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are st	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
BALD Y MARTINEZ, P.A.	•			
	(Name of Contact Perso	n)		
BALDY MARTINEZ, P.A.				
	(Firm/ Company)			
1999 S.W. 27 AVENUE, 2ND FLOOR				
	(Address)			
MIAMI, FL 33145				
	(City/ State and Zip Cod	c)		
BM@BALDYLAW.COM				
E-mail address: (to be us	sed for future annual report	notification	1)	
For further information concerning this matter, plea	se call:			
BALDY MARTINEZ, P.A.	- · 30	5	454-5804	
(Name of Contact Pers	on) at	rea Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following amount made	payable to the Florida Depr	artment of	State:	,
	& □\$43.75 Filing Fee &	□\$52.50 Certiff Certiff	0 Filing Fec icate of Status icd Copy tional Copy is	
Mailing Address		Address		
Amendment Section	Amendment Section			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

HISUUUL ON 08 48 Articles of Amendment Articles of Incorporation

	01	6.54	
PELICAN REEF CONDOMINIUM ASSOCIATION, IN	4C		
(Name of Corneration as cu	rrently filed with the Fl	orlda Dent. of State)	10
75\$539			**
(Document N	umber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not I	For Profit Corporation adopts the folio),vin
A. If amending name, enter the new name of the corne	ration:		
			e nev
name must be distinguishable and contain the word "corp "Conmany" or "Co." may not be used in the name.	ocation" or "Incorporat	ed" or the abbreviation "Corp." or "l	nc, "
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(33</u>)		
•			
			
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	i, outer the name of the	
new registered agent and/or the new registered offi	ce address:		
Name of New Registered Algent:			
New Registered Office Address:	Į,	Florida street address)	
		, Florida	
	(Clty)	(Zip Code)	
New Registered Agent's Signature, if changing Registe	red Agent:		
hereby accept the appointment as registered agent. I an	n familiar with and accep	t the obligations of the position.	

Page 1 of 4

Signature of New Registered Agent, if changing

From: Baldy Martinez

Fax: (305) 615-1371

70: +18506176380 HISOUO 2070843

Page 4 of 6 08/27/2015 11:22 AM

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	<u>v</u>	John Doe Mike Jones Sally Smith	·
Type of Action (Check One)	<u>Title</u>	Name	Address .
1) Change	D	Philip Caban	1632 S Bayshore Court # PH2
Add			Coconut Grove, FL 33133
X Remove			
2) Change	P	Philip Caban	1632 S Bayshore Court # PH2
X Add			Coconut Grove, FL 33133
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Change			
Add			
Remove			
6) Change			
Add	•		
Remove			

Page 2 of 4

HI50002070843

1		To: +18506176380 Fax: +18506176380	
	* •	H150002070843	
E. <u>If a be</u> ne	ding or adding addition		
(aucich ac	dditional sheets, if nece	mal Articles, enter change(s) here: essary). (Be specific)	
	•		
			·
		•	
			•
	 		
· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			
·			
			
			· · · · · · · · · · · · · · · · · · ·

			· <u> </u>
	······································		

Page 3 of 4

H150002070843

The	e dete of each amendment(s) adoption:	if other than the
	e (Is is document was signed.	3 00000 0000
EM	ective date if applicable:	
	(no more than 90 days after amendment file date)	
<u>Not</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ado	option of Amendment(s) (CHECK ONE)	
묠	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 heard of directors.	
	Dated 8/12/2015	
	Signature Haron Wilson	
	(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)	
	Sharon O Wilson SHARON O WILSON (Typed or printed name of person signing)	
	Aecretary Reasures (Title of person signing)	