# 760536

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## COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: 760536

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

Please return all correspondence concerning this matter to the following:

Jesus Z. Abikarram

Name of Contact Person

Liberty Tax Service 5934

Firm/ Company

600 W Hallandale Beach Blvd

Address

Hallandale Beach, FL 33009

City/ State and Zip Code

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

For further information concerning this matter, please call:

Jesus Z Abikarram \_\_\_\_\_at (954 \_\_\_\_\_) 454-2080 Name of Contact Person \_\_\_\_\_Area Code & Daytime Telephone Number

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

■ \$35 Filing Fee □\$ C

□\$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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



### Articles of Amendment to Articles of Incorporation of

# GULFVIEW APARTMENTS CONDOMINIUM ASSOCIATION, INC.

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

760536

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

<ol> <li>Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u></li> </ol>	TADDRESSY	
	133 SE 4TH AV	VE
	HALLANDAL	E BEACH. FL 33009
2. <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFFIC</u>		PARTMENTS CONDOMINIUM
	133 SE 4TH AV	/E
	HALLANDAL	E BEACH, FL 33009
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	ndale Beach	, Florida
	(City)	(Zip Code)

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)

. .

Example:

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.

X Change  $\overline{PT}$ John Doe X Remove V Mike Jones  $\underline{X}$  Add <u>sv</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) P HECTOR MIRANDA 1717 RODMAN ST APT, 1 1) \_\_\_\_ Change HOLLYWOOD, FL 33020 N 🚬 Add \_\_\_\_ Remove JOHN MILOHNICH 133 SE 4 AVE APT 7 2) \_\_\_\_ Change HALLANDALE BEACH FL 3300<sup>6</sup> \_\_\_\_ Add Х Remove V ELIA R MURIAS 9044 NW 174 LN 3) \_\_\_\_ Change X \_\_ Add HIALEAH FL 33018 \_\_\_\_\_ Remove CRYSTAL WATTS 4773 SW 34 AV D 4) \_\_\_\_ Change FORT LAUDERDALE FL 33312 \_\_\_\_\_ Add X Remove 57 \_\_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary).* (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

,

\_\_\_\_\_

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The data of such an and so of the	08/01/2017	
The date of each amendment(s) as date this document was signed.	loption:	, if other than the
-	01/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	ppted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. <i>The following statement each voting group entitled to vote separately on the amendment(s):</i>	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
08/01/2017 Dated		
selecte	<i>irector</i> , president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	HECTOR MIRANDA	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)