746730

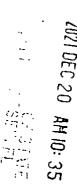
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Mediterranean Herit	age Condominium As	ssociation, Inc.	
766730 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this matte	-		
Carlos Arteaga			
	(Name of Contact Pe	erson)	
SPM Group, Inc.			
	(Firm/ Company	·)	·
2520 NW 97th Ave			
	(Address)		
Doral			
	(City/ State and Zip (Code)	·
carteaga@spmgroupinc.com			
E-mail address: (to be used	l for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
CARLOS ARTEAGA	at	305	468-1416
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	eet Address nendment Sect vision of Corpo e Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

ATTICLE	3 01 Autenamem		
Articles	to s of Incorporation		
	of		
(Name of Corporation as currently filed with the Florida D	Lage Condo	minium associa	Lionit
\\ \tag{\frac{1}{2}}	-		
(Document Number	er of Corporation (if k	(nown)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fe</i>	or Profit Corporation adopts the	: following
A. If amending name, enter the new name of the corporati	<u>ion:</u>		
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporate	d" or the abbreviation "Corp."	_The new or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>))		2
			2
	<u></u>	···	图 可
C. Enter new mailing address, if applicable:			22
(Mailing address MAY BE A POST OFFICE BOX)		• [.	
		113 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		* No. 4	
		· · · · · · · · · · · · · · · · · · ·	<u>ハ</u>
D. If amending the registered agent and/or registered office	ce address in Florida	, enter the name of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent:			
Name of svew Negtstered Agent.	_		
		lorida street address)	
New Registered Office Address:	"	with the street (thatess)	
		m 14	
·	(City)	, Florida (Zip Code)	
	(00,0)	(mp) Same	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		t the obligations of the position	
1 неголу ассері іне арронитені as regisierea ayent. Тат за	чина жин ана ассер.	i tav omiganons o _j tuv postton.	
Si	gnature of New Regis	tered Agent, if changing	
Ψ,	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Q / 2 G	

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 De V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	TD	Manuel Henriquez	2520 NW 97 Ave Suite 220
 x Remove 2) Change x Add 	<u>TD</u>	Cruz Marina Henriquez	Doral, FL 33172 2520 NW 97 Ave #220 Doral, FL 33172
Remove 3)	PD	Jesus Gonzalez	2520 NW 97 Ave # 220 Suite 220 Doral, FL 33172
4) Change Add	PD	Alex Costa	2520 NW 97 Ave Suite 220
Remove			Doral, FL 33172
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:			if other than the
late this document was signed.			, it odici maii in
Effective date <u>if applicable</u> :			
(no more than 90) days after amendi	nent file date)	
Note: If the date inserted in this block does not meet the ap	plicable statutory f	iling requirements, this date	will not be listed as the
document's effective date on the Department of State's reco	ords.		

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

Dated	10/21/24
Dated	
Ciamata	$_{-}$ $(X(X,X),X)$
Signatu	(By the charman 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)
	Maria H. Perez
	(Typed or printed name of person signing)

(Title of person signing)