

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.

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<b>,</b>	To:	Division of Corporations Fax Number : (850)617-6380	FILF			
	From:	Account Name : BALDY MARTINEZ P.A. Account Number : 120110000042 Phone : (305)454-5804 Fax Number : (305)454-5808	ED HORIDA			
<b>,</b>	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>					
 AUG - 7 AM (U: () 7	-	COR AMND/RESTATE/CORRECT OR O/D RESIGN EL PARAISO CONDOMINIUM ASSOCIATION, INC.A Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$35.00	Anund			
18	IALL		AUG 0.8 2018 ALBRITTON			

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Help

aldy Martinez	Fax: (305) 615-1371	To:	Fax: (850)	617-5380	Page 2 of 5 08/07/2018 9.44 AM			
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			COVER LETTER					
	idment Section ion of Corporations							
NAME O	El Paraiso Condominium Association, Inc.							
восимі	769 ENT NUMBER:	902						
The enclose	sed Articles of Ameni	dment and fee are subm	itted for filing.					
Please retu	irn all correspondence	e concerning this matter	to the following:					
Baldy Ma	Baldy Martinez							
	<u>.</u>	(	Name of Contact Person	n)				
Baidy Ma	rtinez P.A.							
			(Firm/ Company)					
1000 \$ 10	, 27th Ave							
		·····	(Address)					
			(					
Miami, Fl	_ 33145			<u> </u>				
	(City/ State and Zip Code)							
	E-mail address: (to be used for future annual report notification)							
For furthe	For further information concerning this matter, please call:							
Baldy Ma	rtinez		30. at	5	454-5804			
	(N)	ame of Contact Person)		rea Code)	(Daytime Telephone Number)			
Enclosed	Enclosed is a check for the following amount made payable to the Florida Department of State:							
C	□\$35 Filing Fee  □	343.75 Filing Fee & 1 Certificate of Status	3543.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	) Filing Fee eate of Status ed Copy ional Copy is sed)			
	<u>Mailing Add</u> Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Ameno Divisio Clifton 2661 E	Address Iment Section of Corpo Building Executive C assee, FL 3	rations enter Circle			

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Marinez	Far: (305) 615-1371	To.	Fax: (850) 617-6380	Page 3 of 5 08/07/2018 9,44 AM
				(
		Articles	of Amendment	
			to	
		Articles o	f Incorporation of	
El Paraiso	o Condominium Association	, Inc.		
	(Name of	Corporation as currently	Aled with the Florida Der	ot. of State)
769902				
<del>_</del>		(Document Number	of Corporation (if known)	
	o the provisions of section 6 u(s) to its Articles of Incorp		this Florida Not For Profit	Corporation adopts the following
A. <u>[fame</u>	nding name, enter the new	name of the corporation	<u>1;</u>	
				The new
	t be distinguishable and con y" or "Co." muy not be used		n" or "incorporated" or the	e abbreviation "Corp." or "Inc."
B. Enter	new principal office addre	ss, if applicable:	····	8
(Principal	office address <u>MUST BE</u> A	<u>(STREET ADDRESS</u> )		ALL C
		-		LE U
		-		ī
C. Enter	new mailing address, if ap	plicable:		
(Malli	ng address <u>MAY BE A POS</u>	T OFFICE BOX)		
		_		
		_		<u>71</u>
	nding the registered agent egistered agent and/or the			he name of the
<u>nen (</u>			<u></u>	
	<u>Name of New Regist</u>	erea Agent:		
			(Florida stre	et address)
	<u>New Registered Of</u>	lice Address:	·	
				, Florida
			(Ciŋı)	(Zip Cade)
<u>New Regi</u>	stered Agent's Signature, I	f changing Registered A	gent:	
l hereby a	ccept the appointment as reg	gistered agent. I am fami	liar with and accept the obli	igations of the position.
		Sie	nature of New Registered Ag	ent, if changing

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To:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change X Remove <u>X</u> Add	<u>PT John</u> <u>V Mike</u> SV Sally	Doe Lones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	TP	Maria Coto	1736 W. 66th Place
Add			Hialcah, FL 33012
X Remove			
2) Change	TP	Lourdes Coto	1736 W. 66th Place
_ <b>X_</b> Add			Hialcah, FL 33012
Remove			·
3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		· <u></u>	
Add			
Remove			
δ) Change	<del>_</del>	······································	
Add			
Reniove			

From, Baldy Marunez	Fax: (305) 515-1	371 To	<b>o</b> .	Fax: (850) 617-8380	Page 5 of 5 08/07/2011	8 9 44 AM	
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	of each amendme ocument was sign	ent(s) adoption: ed.			,	if other than the	
Effective	date <u>if applicable</u>	::(no n	nore than 90 de	nys after amendment file date)			
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.							
Adoption	of Amendment(s	) ( <u>CH</u>	IECK ONE)				
	intendment(s) was were sufficient for		e members and	the number of votes cast for the	ne amendment(s)		
	e are no members ted by the board c		i to vote on the	amendment(s). The amendmen	nt(s) was/were		
	Dated	7-11-	18				
	Signature	× \/p	o la	Rea			
	(By hav	e not been kelected,	by an incorpor	e-board, president or other offi ator if in the hands of a recei			
		er court appointed fi	iduciary by that	liduciary)			
	-		(Typed or p	rinted name of person signing)			
	l	President	¥	(Title of person signing)			
				(Title of person signing)			

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