N01000001819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

SEP 24 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TROPICARE VILLAS CONDOMINIUM ASSOCIATION INC

DOCUMENT NUMBER: N 01000001819

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

Please return all correspondence concerning this matter to the following:

ALBERTO DELAROSA
(Name of Contact Person)

TROPICARE VILLAS CONDOMINIUM ASSOCIATION INC
(Firm/ Company)

3851 SW 147TH AVE #103
(Address)

MIAMI FL. 33185
(City/ State and Zip Code)

RULISTEIN@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO DELAROSA at 305-220-4129
(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 ☐ $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)

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2018

ALBERTO D. ROSA
TROPICARE VILLAS CONDOMINIUM
3851 SW 147 AVE #103
MIAMI, FL 33185

SUBJECT: TROPICARE VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N01000001819

We have received your document for TROPICARE VILLAS CONDOMINIUM ASSOCIATION, 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):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 718A00018460

Articles of Amendment
to
Articles of Incorporation
of

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

TROPICARE VILLAS CONDOMINIUM ASSOCIATION INC

(Document Number of Corporation (if known)) N10000001819

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:**

N/A

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)

3851 SW 147TH AVE
MIAMI FL. 33185

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

P.O. BOX 961152
MIAMI FL. 33296

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: ALBERTO DELANOSA

3851 SW 147TH AVE MIAMI FL. 33185
(Florida street address)

New Registered Office Address:

MIAMI, Florida 33185
(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

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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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add ✓ Remove	P	ANA MELCADO	3841 SW 147TH AVE #104 MIAMI FL, 33185
2) ✓ Change ___ Add ___ Remove	V	FAUSTINO BENITEZ	3841 SW 147TH AVE #102 MIAMI FL, 33185
3) ___ Change ___ Add ✓ Remove	T	HENRY GUZMAN	3851 SW 147TH AVE #104 MIAMI FL, 33185
4) ___ Change ✓ Add ___ Remove	P	ALBERTO DELAROSA	3851 SW 147 AVE #103 MIAMI FL, 33185
5) ___ Change ✓ Add ___ Remove	S	FAUSTINO BENITEZ	3841 SW 147TH AVE #102 MIAMI FL, 33185
6) ___ Change ✓ Add ___ Remove	T	ALINA ALZAR	3831 SW 147TH AVE #103 MIAMI FL. 33185

E. **If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 08/22/2018, if other than the date this document was signed.

Effective date if applicable: 09/14/2018

(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 09/14/2018

Signature _____

(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)

ALBERTO DELAROSA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)