

ND1000000341Z

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

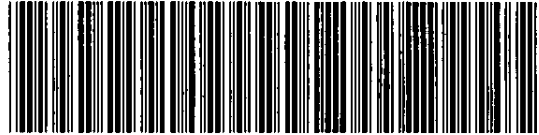
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/09/09--01031--013 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 NOV 30 PM 1:01

Amend  
@ 11/30/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LA CARIBE CONDOMINIUM ASSOCIATION, INC

**DOCUMENT NUMBER:** NO 1000003412

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

Please return all correspondence concerning this matter to the following:

Christine Moore

(Name of Contact Person)

Moore Accounting, for LA CARIBE

(Firm/ Company)

310 Birkdale Drive

(Address)

Greensburg PA 15601

(City/ State and Zip Code)

Christine@harrybmoore.com

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

For further information concerning this matter, please call:

Christine Moore

(Name of Contact Person)

at ( 724 ) 420-5031

(Area Code & Daytime Telephone Number)

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

☐ \$35 Filing Fee

**submitted  
Earlier**

☐ \$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

November 16, 2009

CHRISTINE MOORE  
MOORE ACCOUNTING  
310 BIRKDALE DRIVE  
GREENSBURY, PA 15601

SUBJECT: LA CARIBE CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N01000003412

We have received your document for LA CARIBE 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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 909A00035620

6/14/11

2009 / 30 AM 8:00

ARY OF CORP  
ASSOCIATION

Articles of Amendment  
to  
Articles of Incorporation  
of

LA CARIBE CONDOMINIUM ASSOCIATION, INC.

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

NO 1000003412

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 NOV 30 PM 1:01

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 (No change)

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)

N/A (No change)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

LA CARIBE Condominium Assoc, Inc.  
C/O MOORE ACCOUNTING  
310 BIRKDALE DRIVE  
GREENSBURG, PA 15601

**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:

N/A (No change)

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(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.

N/A

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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

Page 2 of 3

The date of each amendment(s) adoption: 11-04-2009  
(date of adoption is required)

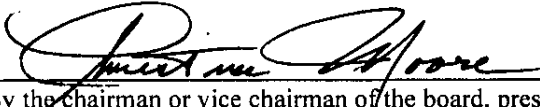
Effective date if applicable: NA  
(no more than 90 days after amendment file date)

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 11-23-2009

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)

Christine MOORE  
(Typed or printed name of person signing)

Secretary/Treasurer  
(Title of person signing)