N02000000426

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	on: <u>Trail Ga</u>	RDENS CONC	PHININ	H ASSOCIATION, I	<u>.</u> NC
DOCUMENT NUMBER:	N020000	06426			_
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	ter to the following:			
	MANAS	SES MoTA (Name of Contact Per	son)		_
TRAIL G	PARDENS CO	N DOMINIUM (Firm/ Company)	ASSOC	IATION, INC	_
	495.W.9	TH STREET -	APT 3	108	
		(Address)			
	HIAMI,	FL 3313 (City/ State and Zin C	b		
	·	(City/ State and Zip C	ode)		
	TRAILGARDE	NS649@ GN	HAIL C	ρ γ	
For further information con	cerning this matter, please	e call:			
MANASSES	MoTA	_ at _	1-754	304-4240 (Daytime Telephone Number)	
	(Name of Contact Persor	1) (Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Florida D	epartment of	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of States	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

of
TRAIL GARDENS CONDOMINION ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) Noa00000 6426426 (Document Number of Corporation (if known)
(Name of Corporation as currently filed with the Florida Dept. of State)
Noangeon 6426426
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following Statutes
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" 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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: MANASSES MOTA
649 S.W. 9TH STREET APT 308
(Florida street address)
New Registered Office Address:
Miami /Florida33/30
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent. I am familiar with and acrept the obligations of the position.
E/2
Signature of New Registered Agent, if changing

and address of each Off (Attach additional sheets Please note the officer/di P = President: V= Vice I	icer and/or Dire , if necessary) rector title by the President: T= Tre = Chief Financial	first letter of the office title; asurer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more tha	stee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ives the corporati	on, Sally Smith is named the V and $S.$ These si	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John I V Mike I SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PT	Jose A. FERNANDEZ	649 SW 9THST-#104 HIAMI, FI 33 130
Remove 2) Change Add	PT	MANASSES HOTA	6495W9T#ST-\$308 MIAMI, FI 33130
Remove Change Add Remove	S_	Douglas Valle	649 3W9TH ST- #303 HIAMI, FI 33130
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<u></u>	
Remove			
E. <u>If amending or addi</u> (attach additional she		ticles, enter change(s) here: (Be specific)	

•	
	•
·	
The date of each amendment(s) ac	option:, if other t
date this document was signed.	
Effective date if applicables	(no more than 90 days after amendment file date)
Effective date ir applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the De	armen of State S records.

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 08/07/2024
Signature(Bv 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)
MANASSES MOTA
(Typed or printed name of person signing)



July 24, 2024

MANASSES MOTA 649 S.W. 9TH STREET APT 308 MIAMI. FL 33130

SUBJECT: TRAIL GARDENS CONDOMINIUM ASSOCIATION. INC.

Ref. Number: N02000006426

We have received your document for TRAIL GARDENS CONDOMINIUM ASSOCIATION. INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 024A00016238

Anissa Butler Regulatory Specialist II

AUG 1 4 2024