

Oct. 24. 2013r. 6:54AMs

AAU CYBER CAMPUS

No. 0981 Page 2/7

ND2851

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : RITTER, ZARETSKY, LIEBER & JAIME, LLP
Account Number : I20010000013
Phone : (305) 372-0933
Fax Number : (305) 704-8111

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: olieber@v2llaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
VERSAILLES HOTEL CONDOMINIUM ASSOCIATION, INC.**

| | |
|-----------------------|---------|
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Oct. 24. 2013 6:54AM AAU CYBER CAMPUS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VERSAILLES HOTEL CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N02851

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

Please return all correspondence concerning this matter to the following:

OREN LIEBER, ESQ.

(Name of Contact Person)

RITTER ZARETSKY LIEBER & JAIME, LLP

(Firm/ Company)

2915 BISCAYNE BLVD., SUITE 300

(Address)

MIAMI, FLORIDA 33137

(City/ State and Zip Code)

OLIEBER@RZLLAW.COM

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

For further information concerning this matter, please call:

OREN LIEBER, ESQ. at 305 372-0933

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$32.50 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

Oct. 24. 2013 6:55AM AAU CYBER CAMPUS

No. 0981 ED P. 4/7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

13 OCT -4 AM 10:08

VERSAILLES HOTEL CONDOMINIUM ASSOCIATION, INC.

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

N02851

(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 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/O OREN LIEBER, ESQ.

2915 BISCAYNE BLVD. SUITE 300

MIAMI, FLORIDA 33137

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2915 BISCAYNE BLVD

SUITE 300

MIAMI, FLORIDA 33137

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:

OREN LIEBER, ESQ.

2915 BISCAYNE BLVD., SUITE 300

(Florida street address)

New Registered Office Address:

MIAMI


(City)

Florida 33137

(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

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|----------------------------|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>PD</u> | <u>JOSE V SUAREZ</u> | <u>3425 COLLINS AVENUE</u> <u>MIAMI BEACH, FLORIDA 33140</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>TD</u> | <u>ELIZABETH FERNANDEZ</u> | <u>3425 COLLINS AVENUE</u> <u>MIAMI BEACH, FLORIDA 33140</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>D</u> | <u>GHISLAINE LE CRAM</u> | <u>3425 COLLINS AVENUE</u> <u>MIAMI BEACH, FLORIDA 33140</u> |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>D</u> | <u>ELENA CARO</u> | <u>3425 COLLINS AVENUE</u> <u>MIAMI BEACH, FLORIDA 33140</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>JOSEPH CHETRIT</u> | <u>2915 BISCAYNE BLVD</u> <u>SUITE 300</u> <u>MIAM, FLORIDA 33137</u> |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>ARI PEARL</u> | <u>2915 BISCAYNE BLVD</u> <u>SUITE 300</u> <u>MIAMI, FLORIDA 33137</u> |

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

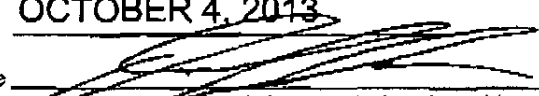
ADD, DEREK EVANS AS DIRECTOR, ADDRESS: 2915 BISCAYNE BLVD.
SUITE 300, MIAMI, FLORIDA 33137.

The date of each amendment(s) adoption: OCTOBER 4, 2013 if other than the date this document was signed.

Effective date if applicable: _____
(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 OCTOBER 4, 2013
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)

OREN LIEBER
(Typed or printed name of person signing)
AUTHORIZED REPRESENTATIVE
(Title of person signing)