N03000003150

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COVER LETTER

TO: Amendment Section **Division of Corporations** THE YORKER CONDOMINIUM ASSOCIATION, INC. NAME OF CORPORATION: N03000003150 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAVIER MELON GIL (Name of Contact Person) (Firm/ Company) 10112 USA TODAY WAY (Address) MIRAMAR, FL 33025 (City/ State and Zip Code) THE YORKER CONSO Q GMAIL.COM jmelon_gil@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Javier Melon Gil 309 868-3206 (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 & □\$43.75 Filing Fee &

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Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2300/10/230

THE YORKER CONDOMINIUM ASSOCIATION, INC.

·		
	nent Number of Corporation (if kno	wn)
rsuant to the provisions of section 617.1006, Flo endment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For I	Profit Corporation adopts the following
If amending name, enter the new name of the	e corporation:	
me must be distinguishable and contain the word company" or "Co." may not be used in the name	l "corporation" or "incorporated" <u>e</u> .	or the abbreviation "Corp." or "Inc."
Enter new principal office address, if application of the address MUST BE A STREET A		
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE		
If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, el ed office address:	nter the name of the
Name of New Registered Agent:	CARLOS A. TRIAY, ESQUIRE	
	2301 NW 87 AVENUE, SUITE 5	
New Registered Office Address:		ida street address)
	DORAL	, Florida 33172
	(City)	(Zip Code)
w Registered Agent's Signature, if changing tereby accept the appointment as registered agen	Registered Agent; L. I am familiar with and accept th	e obligations of the position.
	Signature of New Registers	

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or additional sheet</u>	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

y a (adopted by the board of directors.
	Dated $\frac{09/21/2023}{11/48}$
	Signature
	(By the chalfman 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)
	JAVIER MELON GIL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)