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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Holiday Tow	ers Condomir	nium Association, Inc.
DOCUMENT NUMBER: N-0400001	771	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
ZOILA R. ROSALES		
(Name of Contact Person	1)
Holiday Towers Condomi	inium Asso	ciation, Inc.
	(Firm/ Company)	
6767 Indian Creek Dr. Ap	ot. 2A	
	(Address)	
MIAMI BEACH, FL, 3314	4 1	
(1	City/ State and Zip Code	e)
zoila0810@yahoo		
E-mail address: (to be used I	•	notification)
For further information concerning this matter, please c	all:	
ZOILA R. ROSALES	_{at} 786	290-3319 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \text{\$\sum_\$43.75 Filing Fee & Certificate of Status}\$	3\$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	Amend Divisio Clifton	Address ment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

HOLIDAY TOWERS CONDOMINIUM ASSOCIATION, INC.

N-04000001771	 	· · · · · · · · · · · · · · · · · · ·	
(Documen	t Number of Corpor	ation (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat		es, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new na	me of the corporat	ion:	
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated"	The ne or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	6767 INDIAN C	REEK DR. APT 2A	
		MIAMI BEACH	1, FL 33141
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6767 INDIAN C	REEK DR. APT. 2A
		MIAMI BEACH	1, FL 33141
D. If amending the registered agent and new registered agent and/or the new			ter the name of the
	ZOILA R. R	•	
Name of New Registered Agent:		N CREEK DR. A	.PT 2Δ
New Registered Office Address:		(Florida street address)	
new negistered office ridaress.	MIAMI BEA	кСН	, Florida 33141
	(City)		(Zip Code)
New Registered Agent's Signature, if ch			
I hereby accept the appointment as registe	Zal	MAN	e obligations of the position.
Sigi	nature of New Regis.	tered Agent, if changing	ZI TAL

Page 1 of 4

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	<u>PT .</u>	John Doe	
X Remove	<u>V</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u> <u> </u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
address Change Add Remove	P	YOLIMA TIGER	8918 SW 150 CT CIR N MIAMI, FL 33196
2) X Change Add Remove	D	ZOILA R. ROSALES	6767 INDIAN CREEK DR. APT. 2A MIAMI BEACH, FL 33141
3) × Change Add Remove	<u>D</u>	MARIO RODRIGUEZ	14661 SW 50 TERRACE MIAMI, FL 33175
4) Change × Add Remove	<u>D</u>	MARTHA BELLOMARE	16699 COLLINS AVE, APT. 2203 SUNNY ISLES BEACH, FL 33160-5418
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
N/A		
	<u> </u>	
		·
·		
		
		<u> </u>

The	date of each amendment(s) adoption: JUNE 5, 2012	
	ective date if applicable: JUNE 5, 2012	
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
=	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 6/5/20/2 Signature Fallow Man.	
	(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)	-
	ZOILA R. ROSALES	
ist	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	