

NO4 00000 5575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

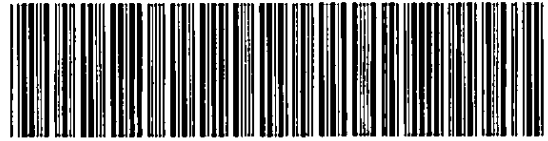
(Document Number)

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7/15/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2020

ADRIAN CASTAGNA
515 HARBOR DRIVE
KEY BISCAYNE, FL 33149

SUBJECT: THE TRIAD CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N04000005575

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000067315- IVY LLC.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 020A00011902

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE TRIAD CONDOMINIUM ASSOCIATION INC.

DOCUMENT NUMBER: NO4000005575

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

Please return all correspondence concerning this matter to the following:

ADRIAN CASTAGNA

(Name of Contact Person)

LADY PROPS LLC

(Firm/ Company)

515 HARBOR DRIVE

(Address)

Key Biscayne, FL 33149

(City/ State and Zip Code)

adriancastagna@icloud.com

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

For further information concerning this matter, please call:

ADRIAN CASTAGNA

(Name of Contact Person)

at 310 699-6149

(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 & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

The Triad Condominium Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

NOV 10 2011 -6 PM 4:26
SECRET

(Document Number of Corporation (if known))

001000005575

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**)

515 HARBOR DRIVE
KEY BISCAIYNE, FL 33149

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: LEDA NASIO

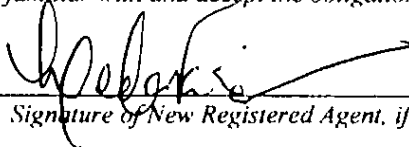
515 HARBOR DRIVE
(Florida street address)

New Registered Office Address:

KEY BISCAIYNE, Florida (33149)
(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.



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>

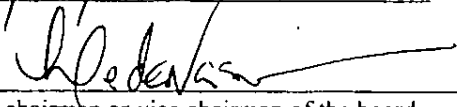
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>Francois Fauvet</u>	<u>509 NE 64 St, Unit 3</u> <u>Miami, FL 33138</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Sueville Hubeat</u>	<u>1441 Stillwater Dr</u> <u>Miami Beach, FL 33141</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>Jouguet, Marie Luce</u>	<u>1166 Bay Drive</u> <u>Miami Beach, FL 33141</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>MGR</u>	<u>Pardo, Roger</u>	<u>90 Alton Rd, STE 104</u> <u>Miami Beach, FL 33139</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>LEDA NASIO</u>	<u>515 HARBOR DRIVE</u> <u>Key Biscayne, FL 33149</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>MGR</u>	<u>ADRIAN CASTAGNA</u>	<u>515 Harbor Drive</u> <u>Key Biscayne, FL 33149</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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 05/18/20

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)

LEDA NASIO

(Typed or printed name of person signing)

President

(Title of person signing)