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PICK-UP	WAIT	MAIL
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(B	usiness Entity Name)	
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SECRETARY OF STATES
ALLAHASSEE FI OBIO

C.COULLIETTE
MAY 14 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alhambra V	Condominium Association, Inc	
DOCUMENT NUMBER: N04000007881		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Alba Acosta		
(Name	e of Contact Person)	
Florida Property Mgmt.		
(F	irm/ Company)	
5979 NW 151 Street #101		
	(Address)	
Miami Lakes, FL 33014		
(City/ s	State and Zip Code)	
For further information concerning this matter	, please call:	
Angelica Young (Name of Contact Person)	at (305) 663-1234 (Area Code & Daytime Te	elenhane Number
, i	·	•
Enclosed is a check for the following amount in	made payable to the Florida Depar	tment of State:
✓ \$35 Filing Fee Status Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Circl Tallahassee, FL 32301	le

Articles of Amendment to Articles of Incorporation of

Alhambra V	Condominium	Association, In	C
(Name of Corporation as cu	urrently filed with	the Florida Dept. of	State)
(Document)	N04000078 Number of Corporate		
	•	,	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		, this <i>Florida Not Fo</i>	r Profit Corporation adopts
A. If amending name, enter the new nam	e of the corporatio	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company B. Enter new principal office address, if a (Principal office address MUST BE A STR C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	<u>o" or "Co." may not</u> applicable: EEET ADDRESS) ble:	"corporation" or " the used in the name Florida Property 5979 NW 151 ST	SECRETARY OF STATE. ALLAHASSEE. FLORIUM Managemen
		Miami Lakes, FL	. 33014
D. If amending the registered agent and/onew registered agent and/or the new registered agent ag			enter the name of the
Name of New Registered Agent:	Angelica You	ng, ESQ	
New Registered Office Address:	5901 SW 74 (Flori	ST # 300 da street address)	
	South Miami	(City)	, Florida_ <u>33143</u> (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registed position.	nging Registered A ered agent. I am	gent: familiar with and ac	scept the obligations of the

Page 1 of 3

'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) Type of Action **Title** <u>Address</u> <u>Name</u> Gonzalez, Angela 2260 W 53 Place ☐ Add Apt 5 ☑ Remove Hialeah, FL 33016 Martinez, Silvia STD_ ☐ Remove Apt.14 ____ Hialeah, FL 33016 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption:		
Effective date <u>if applicable</u> :	03-16-2009	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
D . 1 2 14	2000	
Dated 3-16	<u>2009</u>	
Signature _	refage Lefence	
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, of er court appointed fiduciary by that fiduciary)	
	Mayra Espinosa	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	