## N04000009309

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: MISSION P	ace AT The Grove Condominion
DOCUMENT NUMBER: NO 4000	009309
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
Francisco	Rey
(N	ame of Contact Person)
FGR PI	Operty Management (Firm/Company)
6721 5h	1 159 Place (Address)
	(Address)
MIAM	FL 33193
(Ci	ty/ State and Zip Code)
FGR Mana Gl Ma E-mail address: (to be used for	Future annual report notification)
For further information concerning this matter, please call	:
Francisco Rey	at ( 786 ) 521-3146 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
(,	43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status Additional copy is Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

Mission Place At The Grove Condominion (Name of Corporation as currently filed with the Florida Dept. of State)

NO 4 0000 930 9

(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:

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. 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

Florida

(Zip Code)

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	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>S</u> _	Luis Gonzalez	3118 Bird Ave MIAMI, FL 33133
2) Change Add	<u>S</u>	Nicole Amaro	3112 Bird Ave MIAMI, FL 33133
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			
Remove		Page 2 of 4	

f amending or adding additional Ar attach additional sheets, if necessary).	(Be specific)		
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date	date of each amendment(sthis document was signed.	no more than 90 days after amendment file date)  12/23/14  SECRETARY OF CORPORATIONS  (no more than 90 days after amendment file date)  15 FEB - 5 PM 1: 11
Ado	ption of Amendment(s)	(CHECK ONE)
	The amendment(s) was/we was/were sufficient for app	e adopted by the members and the number of votes cast for the amendment(s) roval.
<b>[</b> 2]	There are no members or n adopted by the board of di	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
	have no	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other ce	(Typed or printed name of person signing)  President
		(Title of person signing)