N04000009424

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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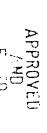


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14 FEB -3 PM 3: 28

C. LEWIS
FEB - 6 2014
EXAMINER



COVER LETTER

TO: Amendment Section
Division of Corporations

1711 stott of Corporations		
NAME OF CORPORATION:	Tower Condom	nium Association, Inc.
DOCUMENT NUMBER: NO400009	9424	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Fabiola Aycardi		
	(Name of Contact Person	n)
The Ponce Tower Cond	ominium As	sociation, Inc.
	(Firm/ Company)	
1805 Ponce de Leon Bl	vd, #210	
	(Address)	
Coral Gables, FL 33134	4	
	(City/ State and Zip Cod	e)
Fabiola.Aycardi@		
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, please	e call:	
Fabiola Aycardi	_{at} 305	448-6651 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	urtment of State:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	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 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

APPROVED //ND F ID

Articles of Amendment to Articles of Incorporation of

14 FEB -3 PM 3: 28
SECRETARY OF STATE

The Ponce Tower Condom	inium As	sociation, Inc.	
(Name of Corporation as currently file	d with the F	orida Dept. of State)	
N04000009424	•		
(Documen	t Number of C	Corporation (if known)	
Pursuant to the provisions of section 617,1006, amendment(s) to its Articles of Incorporation:	, Florida Statu	tes, this <i>Florida Not For Profit C</i> o	orporation adopts the following
A. If amending name, enter the new name o	f the corpora	tion:	
Not Applicable			The new
name must be distinguishable and contain the		ation" or "incorporated" or the a	bbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the s B. Enter new principal office address, if app	plicable:	Not Applicable	
(Principal office address <u>MUST BE A STREI</u>	ET ADDRESS	I)	
C. Enter new mailing address, if applicable (Muiling address MAY BE A POST OFF)		Not Applicable	
D. If amending the registered agent and/or	registered off	ice address in Florida, enter the	name of the
new registered agent and/or the new reg			
The state of the s			
14	NE 1SI	Avenue, Second Flo	<u>or</u>
New Registered Office Address:		,	
M	iami	, Flo	rida 33132
	(City)	(Zip Code)
New Registered Agent's Signature, if chang	ng Registeres	Agend	
I hereby accept the appointment as registered	ngent. Nam fi	hillar with and accept the obliga	tions of the position.
Sig	miture of New	Ragistored Agent if changing	

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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Р	Madeline Palenzuela	1805 Ponce de Leon Blvd
Add			# 210
X Remove			Coral Gables, FL 33134
2) X Change	Р	Walter R. Warren, JR	1805 Ponce de Leon Blvd
Add			#210
Remove			Coral Gables, FL 33134
3) Change	V	Orosman B. Rodriguez	1805 Ponce de Leon Blvd
X			#210
Remove			Coral Gables, FL 33134
4) Change	ST	Greg Freedman	1805 Ponce de Leon Blvd
X	***************************************		#210
Remove			Coral Gables, FL 33134
5) Change			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
Not Applicable		
11 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -		
	10 mm, 10 mm	



The date of each amendment date this document was signed	• • • • • • • • • • • • • • • • • • • •	14 FEB - 3. PM 3: 28 f other than the
Effective date if applicable:	October 25, 2013	SECRETARY OF STATE
The state of the s	(no more than 90 days after a	SECRETARY OF STATE MEMBER MEMBERS MEMB
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the numb proval.	per of votes cast for the amendment(s)
There are no members or adopted by the board of o	members entitled to vote on the amendme lirectors.	nt(s). The amendment(s) was/were
	1/06/2013 Jane	\mathcal{A}
have n	chairman or vice chairman of the board, post been selected, by an incorporator – if incourt appointed fiduciary by that fiduciary	the hands of a receiver, trustee, or
	W.R. WARREN	
	(Typed or printed name of person si	gning)
	Tresiden t	
	(Title of person signing)	