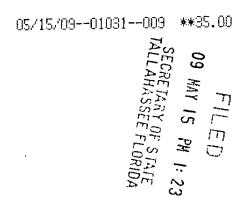
## APP1=0000PDN

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ABEL Hones	SAT NACLUTA VILLA	s Consominium Assoc., INC
DOCUMENT NUM	BER: NO40000 1	0492	<del></del>
The enclosed Article.	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	John Name of	C. Nicros	
	(Ivaine of	Contact Person)	
	C/O (Firm	Bwcor Aven n/Company)	<u>a, p.</u> A.
	١ ٨٠	Address)	とうてもしらん
<u></u>	(City/ Sta	te and Zip Code)	3/34
<del> </del>	E-mail address: (to be use	. Ucaro Bwed for future annual report notific	corAneria. Com
For further information	on concerning this matter, pleas	e call:	
John	Nicros	at (305) 44	5-4163
(Name	of Contact Person)	at ( <u>305</u> ) <u>44</u> (Area Code & Dayti	ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt 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)
Ame Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation
of Office House
ABEL HOMES AT NARANJA VILLES CONDONINUM ASSOCIATION
(Name of Corporation as currently filed with the Florida Dept. of State)
N04000010492
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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)
PENTHOUSE
Coun Gasies, Fi 33134
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1 Al hambra Place
Penthouse
Coral Gables, FL 33 134
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: John C. Nichols
New Registered Office Address: (Florida street address)
Coral Gables, Florida 33134 (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)

I	<u>'itle</u>	<u>Name</u>			Address	of Am	حمده	<u>Type</u>	of Action
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The date of each amendmen	(s) adoption:
Effective date if applicable:	
_	(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	are 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 di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	4/21/09
Signature	
	The chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or
	er court appointed fiduciary by that fiduciary)
	Jon C. Nicros
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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