(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900250302159

08/13/13--01008--003 \*\*35.00

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

LAKE ARBOR VILL	AGE HOMEOWNERS	ASSOCIATION UNIT EIGHT, INC.
NAME OF CORPORATION:		7,00001/11/01/01/11/12/01/11, 11/0.
DOCUMENT NUMBER: N04192		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
JORGE ALONSO		
	(Name of Contact Perso	n)
RELIABLE PROPERTY MA	NANGEMEN	IT SERVICES, INC.
	(Firm/ Company)	
18590 NW 67 AVENUE,	SUITE 200	)-B
	(Address)	
MIAMI, FL 33015		
	(City/ State and Zip Cod	le)
jalonso223@aol.d	om	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Jorge Alonso	at(305	364-8941
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep	artment of State:
\$35 Filing Fee \$\text{\$\sum_\$\$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		Address
Amendment Section Division of Corporations		dment Section on of Corporations
P.O. Box 6327		n Building
Tallahassee FI 32314		Executive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 19, 2013

RELIABLE PROPERTY MANAGEMENT SERVICES, INC. JORGE ALONSO 18590 NW 67 AVE STE 200-B MIAMI, FL 33015

SUBJECT: LAKE ARBOR VILLAGE HOMEOWNER'S ASSOCIATION UNIT

EIGHT INC.

Ref. Number: N04192

We have received your document for LAKE ARBOR VILLAGE HOMEOWNER'S ASSOCIATION UNIT EIGHT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 713A00019705

## Articles of Amendment to Articles of Incorporation of



LAKE ARBOR VILLAGE HOMEOWNER'S ASSOCIATION UNIT EIGHT (Name of Corporation as currently filed with the Florida Dept. of State) N04192 (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: A. If amending name, enter the new name of the corporation: 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: (Florida street address) New Registered Office Address: (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.

Page 1 of 4

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:  X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	NIDYA GARAY	5220 NW 198 TER
X Add			MIAMI GARDENS FL 33055
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	10 80		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
	. /	
	N/A	
-		

	date of each amer	rdment(s) adoption: FEBRUARY 15, 2013	, if other than the
	this document was		
Effe	ective date <u>if appli</u> e	FEBRUARY 15, 2013	
		(no more than 90 days after amendment file date)	_
Ada	option of Amendm	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient	) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	AUGUST 6, 2013	
	Signature	MILTON CUADROS, PRESIDENTA MC	V
		(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)	_
	МІ	LTON CUADROS	
		(Typed or printed name of person signing)	
	PR	RESIDENT	
	<del></del> -	(Title of person signing)	