

N 05000000160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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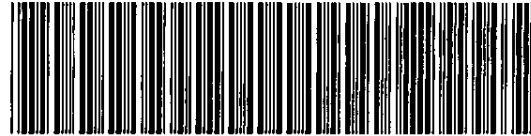
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N05000000160
Amc
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GALIANO CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N05000000160

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREG K GONZALEZ, CPA

(Name of Contact Person)

GREG K GONZALEZ, CPA, PA

(Firm/ Company)

5201 BLUE LAGOON DR STE 800

(Address)

MIAMI, FL 33126

(City/ State and Zip Code)

GREG@GREGGONZALEZCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG GONZALEZ

(Name of Contact Person)

at (305) 381-0905

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee &	<input type="checkbox"/> \$43.75 Filing Fee &	<input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status	Certified Copy	Certificate of Status	Certified Copy
	(Additional copy is	(Additional Copy is	
	enclosed)	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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2011

GREG K. GONZALEZ
5201 BLUE LAGOON DR., STE 800
MIAMI, FL 33126

SUBJECT: GALIANO CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000000160

We have received your document for GALIANO CONDOMINIUM ASSOCIATION, 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 911A00026915

Articles of Amendment
to
Articles of Incorporation
of

GALIANO CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000000160

(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:

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**)

5201 BLUE LAGOON DR STE 800

MIAMI, FL 33126

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5201 BLUE LAGOON DR STE 800

MIAMI, FL 33126

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:

GREG K GONZALEZ, CPA

5201 BLUE LAGOON DR STE 800

(Florida street address)

New Registered Office Address:

MIAMI

(City)

33126

(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

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TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	PT	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>MOHAMMAD HAJJAR</u>	<u>45 VALENCIA AVE</u> <u>CORAL GABLES, FL 33134</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>GABRIEL REQUENA</u>	<u>498 SW 2ND STREET</u> <u>MIAMI, FL 33130</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>GREG K GONZALEZ</u>	<u>5201 BLUE LAGOON DR</u> <u>STE 800</u> <u>MIAMI, FL 33126</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SEC</u>	<u>ALIREZA SHIRRANI</u>	<u>45 VALENCIA AVE</u> <u>CORAL GABLES, FL 33134</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>HOSSAIN AL SHAHROODI</u>	<u>45 VALENCIA AVE</u> <u>CORAL GABLES, FL 33134</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>NICHOLAS BRITTON</u>	<u>498 SW 2ND STREET</u> <u>MIAMI, FL 33130</u>

7) ~~X~~ Remore D ADA PALAEZ

498 S W 2nd St
Miami, FL 33130

[illegible]

The date of each amendment(s) adoption: 11/22/2011

Effective date if applicable: 11/22/2011

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/22/2011

Signature Gabriel Requena

(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)

GABRIEL REQUENA

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)