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## **COVER LETTER**

TO: Amendment Section Division of Corporations

The Courts at Kenda NAME OF CORPORATION:	ll Condominium Asso	ociation	
N05000002983 DOCUMENT NUMBER:		•••	
The enclosed Articles of Amendment and fee are subt	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Ana Cristina Argimon			
	(Name of Contact Pe	rson)	
The Courts at Kendall Condominuim Association			
	(Firm/ Company	)	
15490 SW 80th Street			
	(Address)		
Miami, FL 33193			
	(City/ State and Zip (	Code)	
thecourtsatkendallcondo80@gmail.com			V
E-mail address: (to be used	for future annual rep	ort notification	)
For further information concerning this matter, please	call:		
Freya Antequera	at	786	6159660
(Name of Contact Person	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida E	epartment of S	State:
\$35 Filing Fee \$\text{Certificate of Status}\$		Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		eet Address	
Amendment Section Division of Corporations	Amendment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

THE COURTS AT KENDALL CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as curre	ntly filed with the Fl	orida Dept. of State)
N05000002983		
(Document Num	ber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	:e1
(Principal office address <u>MUST BE A STREET ADDRESS</u>	()	20 6
		7 2
		<u> </u>
C. Enter new mailing address, if applicable:	<b>&gt;</b> 1/4	28 MII:09
(Mailing address MAY BE A POST OFFICE BOX)	N/A	(%)
		09 P
	<del></del>	
D. If amending the registered agent and/or registered off		a, enter the name of the
new registered agent and/or the new registered office	<u>address:</u>	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
		(Florida street address)
New Registered Office Address:		
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		pt the obligations of the position.
<del></del>	Signature of New Rev	istered 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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	PASPALLIS, EPAMINONDAS E	15490 SW 80TH STREET
Add			MIAMI FL 33193
XX Remove			
2) Change	PD	ABDEL ALVAREZ	15490 SW 80TH STREET
XXAdd			MIAMI, FL 33193
Remove			
3) Change			
A <b>d</b> d			
Remove			<del></del>
4) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
5) Change	<del></del>		
Add			<del></del>
Remove			
の Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).	(Be specific)			
N/A				
· · · · · · · · · · · · · · · · · · ·				

	MAY 14, 2019	
The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
N/A		
Effective date if applicable:		
(1	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not of State's records.	ot be listed as the
Adoption of Amendment(s) (	CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
There are no members or members enti- adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were	
Dated MAY 14,2019		
Signature		···
(By the chairman or	vice chairman of the board, president or other officer-if directors	
	ted, by an incorporator - if in the hands of a receiver, trustee, or	
other court appointe	ed fiduciary by that fiduciary)	
MAni	vel DiAZ	
	(Typed or printed name of person signing)	
Trea	SURV	
<del> </del>	(Title of person signing)	