

N050000003392

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000273933 3)))



H19000273933ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EDGEWATER OF HOMESTEAD CONDOMINIUM ASSOCIATION,
INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

RECEIVED

2019 SEP 12 PM 4:01

19 SEP 12 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 13 2019

T SCHROEDER

Articles of Amendment
to
Articles of Incorporation
of

EDGEWATER OF HOMESTEAD CONDOMINIUM ASSOCIATION,
(Name of Corporation as currently filed with the Florida Dept. of State)
NO500000 3392
(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)

20527 Old Cutler Rd
Cutler Bay FL 33189
PMB#124

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

Mariadel Carmen Sosa

New Registered Office Address:

20527 Old Cutler Rd PMB#124
Cutler Bay (Florida street address) FL 33189

Cutler Bay

Florida 33189
(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.

Mari Sosa

Signature of New Registered Agent, if changing

MARIA DEL CARMEN SOSA

FILED
19 SEP 12 AM 9:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

PD

Jose Gutierrez

☒ Add

☐ Remove

2) ☐ Change

PD

Carlos D. Dela Fe

108 NE 13 Ave

☒ Add

☐ Remove

Homestead FL 33033

3) ☐ Change

VD

Domingo H. Costoya

☐ Add

☒ Remove

4) ☐ Change

T

Ignacio Guerrero

1221 Brickell Ave

☒ Add

☐ Remove

Suite 1590

Miami FL 33131

5) ☐ Change

S

Maria DEL CARMEN SOSA

20527 Old Cutler Rd

☒ Add

☐ Remove

Cutler Bay 33189

PMB #124

6) ☐ Change

☐ Add

☐ Remove

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

Lined area for amending or adding additional Articles.

FILED
19 SEP 12 AM 9:11
STATE OF FLORIDA
CLERK OF THE COURT

The date of each amendment(s) adoption: 9-12-2019

Effective date if applicable: _____
(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 9-12-19
Signature Maria Del Carmen Sosa

(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)

Maria DEL CARMEN SOSA
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILED
19 SEP 12 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA