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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*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  
POMPAO GREENS CONDO ASSOCIATION, INC.

Certificate of Status	0
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15 SEP 30 PM 4:11

SEP 30 2015  
C. CARROTHERS

Articles of Amendment  
to  
Articles of Incorporation  
of

Pompano Greens Condominium Association Inc.

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

N05000006979

(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**)

11111 Biscayne Blvd., Suite 2001

Miami, FL 33181

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

11111 Biscayne Blvd., Suite 2001

Miami, FL 33181

**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:** Martin Ugarte

11111 Biscayne Blvd., Suite 201

(Florida street address)

**New Registered Office Address:**

Miami

(City)

Florida 33181  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP 30 AM 8:55

FILED

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 PTQ.

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	DP	Sujoy, Mario E.	6609 S Parkway Drive
<input type="checkbox"/> Add			Margate, FL 33068
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	DVT	Sujoy, Ivan	5504 Courtney Circle
<input type="checkbox"/> Add			Boynton Beach, FL 33437
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	DPS	Ugarte, Martin F.	11111 Biscayne Blvd., Suite 2001
<input checked="" type="checkbox"/> Add			Miami, FL 33181
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	DVT	Santa Coloma, Dolores	11111 Biscayne Blvd., Suite 2001
<input checked="" type="checkbox"/> Add			Miami, FL 33181
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	D	Silva, Santiago	2100 Greenview Shores Blvd.
<input checked="" type="checkbox"/> Add			Apt 513
<input type="checkbox"/> Remove			Wellington, FL 33414
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 09/29/2015

Signature \_\_\_\_\_

(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)

Martin Ugarte

\_\_\_\_\_  
(Typed or printed name of person signing)

President/Director

\_\_\_\_\_  
(Title of person signing)