N05000007320

| (Re | equestor's Name) | |
|-------------------------|--------------------|------|
| (Ad | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





400288387184

08/08/16--01026--030 **35.00

SECURE TARY OF SHATEMS OF CORPORATIONS 18

OCT 20 2016 C MCHAIR

AUG 1 9 2016 C McNAIR



MEGEIVED

16 OCT 19 PH 12: 07

FLORIDA DEPARTMENT OF STATE ARTHER OF STATE Division of Corporations DIVISION OF CORPORATIONS TALL ARREST STATE OF STATE

August 19, 2016

TRACY BORDIGNON 3056 BIRD AVENUE APT. A MIAMI, FL 33133

SUBJECT: GROVE TOWNHOUSES AT BIRD CONDOMINIUM ASSOCIATION,

INC.

15.4

Ref. Number: N05000007320

We have received your document for GROVE TOWNHOUSES AT BIRD 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):

The incorrect form was submitted. Please complete form pursuant to a Florida Not for Profit Corporation, section 617.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 916A00017647

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Grove Town houses at Bird Condominio |
|---|
| DOCUMENT NUMBER: NO50000 7320 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Tracy Bordignen (Name of Contact Person) |
| (Firm/ Company) |
| 3056 Bird Avenue Apt. A Miemi, Fl 33133 |
| (City/ State and Zip Code) |
| Hoordig non. esq & quail. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| at |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee Status Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment 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

| Grove Townhouses at Bird Condominium Association |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| N0500007320 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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) Miomi, FL 33133 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33133 |
| 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: Tracy Bordignon 3056 Bird Avenue Apt. A (Florida street address) |
| New Registered Office Address: Miami (City) (Florida Street dadress) (Florida 33 (33) (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 |

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 <math>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 | PT John De V Mike John SV SV Sally St | ones | |
|----------------------------------|---|-----------------|---------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>P</u> | Michael Redondo | 3056 Bird Ave Apt. D |
| Add | | | Miami, FL 33133 |
| Remove | ^ | . 0 | Λ // |
| 2) Change Add | | Tracy Bordignon | 3056 Bird Ave Apt. Miami, FL 33133 |
| Remove | | | |
| 3) Change | | | |
| Add | | | **** |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | ocis, y necessury). | ticles, enter chan (Be specific) | | | |
|---|---------------------|---------------------------------------|---|------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | · | , | | |
| • | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | • |
| | | | | | |
| | | | | | |
| | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | **** | |
| | | | | | |

| The | e date of each amendment(s) adoption: | , if other than the |
|------------|--|---------------------|
| date | e this document was signed. | |
| Effe | ective date if applicable: 728 6 (no more than 90 days after amendment file date) | |
| . . | | |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records. | ot be listed as the |
| Ado | option 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 10/15/16 | |
| | Signature Signature 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) | |
| | Tracy Bordiano (Typed or printed name of person signing) | |
| | President (Title of person signing) | |