N05000001438

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SECRETARY OF STATE

Amend

OCT -7 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	VILLA NAVARRA (DN:	CONDOMINIUM	ASSOCIATIO	ON, INC.	
DOCUMENT NUMBER:	N05000007438				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
NIKI NARANJO					
	(Name of Contact P	erson)		-
TRIZEL COMMERCIAL R	EAL ESTATE SERVICE	S, INC.			
		(Firm/ Compan	y)		
2460 SW 22ND STREET 1	ST FLOOR				
		(Address)	. <u>.</u> .		. ==
MIAMI, FLORIDA 33145					
	(City/ State and Zip	Code)		
SERVICE@TRIZELCRE.C	COM				
E	-mail address: (to be used t	for future annual re	port notification	on)	
For further information conc	erning this matter, please c	all:			
NIKI		a	305	441-0040	
	(Name of Contact Person)			(Daytime Telephon	e Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department o	f State:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & C Certificate of Status		Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)	

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

Articles of Amendment to Articles of Incorporation of

VILLA NAVARRA CONDOMINIUM ASSOCIATION

(Name of Corporation as curren	tly filed with the F	lorida Dept. of State)	
N05000007438			
(Document Numb	per of Corporation (in	f known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation ad	lopts the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>		
			The ne
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpora	ted" or the abbreviation "	Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			SECRE
			ASSEE, FI
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Floric address:	la, enter the name of the	2: 15 STATE LORHDA
Name of New Registered Agent:			
New Registered Office Address:	· .	(Florida street address)	
		, Florida	
	(City)	(Zip C	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		ept the obligations of the p	osition.
	Soundary of Many Pos	ristavad Accept if charaina	,

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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove A Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address .
1) Change	VP	HOWARD TOWNSEND	444 SW 4TH STREET #303
X Add			MIAMI, FL 33130
Remove			
2) Change	<u>s</u>	AURELIO ABREU	444 SW 4TH ST. #301
X Add			MIAMI, FL 33145
Remove			
3) Change	<u>T</u>	MANUEL A. HUERTA, JR.	444 SW 4TH STREET #105
X Add		·	MIAMI, FL 33130
Remove		Λ	
4) Change	<u>SD</u>	Mario R. Baro	444 SW 451.
Add			Miami, Fl. 39130
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional A (attach additional sheets, if necessary	(Be specific)			
		- -	 	
	<u> </u>		 	<u></u>
	·		 	
				MB.
	•		 	
		<u>-</u> -	 	
	· <u>-</u>		 	
-				

The date of each amendment(s) add	option:	, if other than the
late this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or memb	ers entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 09/23/2015	1000	
Signature	nan or vice chairman of the board, president or other officer-if directors	_
have not bee	n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
LINDA C	CARVER	
	(Typed or printed name of person signing)	
PRESIDE	ENT	
	(Title of person signing)	