## NO5000000008

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R. WHITE

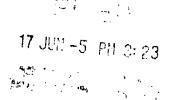
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALLUDA CONDO	MINIUM ASSOCIATION	INC
DOCUMENT NUMB			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	OAQUIN O. ESCOTO		
-	,	Name of Contact Persor	
4	ALLUDA CONDOMINIUM	ASSOCIATION INC	
, -		Firm/ Company	
8	726 NW 119TH STREET U	• •	
_		Address	
I	HALEAH GARDENS, FL 3	33018	
<del>-</del>		City/ State and Zip Code	3
escotol	kitchen@aol.com		
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOAQUIN O. ESCOTO	)	at ( <sup>305</sup>	) 5274027 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indiment Section Identify Section Identify Sections Identify Sections Identify Sections Identify Sections Identify Section	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## ALLUDA CONDOMINIUM ASSOCIATION INC

(Name o	of Corporation as curren	tly filed with the Florid	a Dept. of State)
N05000009008			
	(Document Number	of Corporation (if knowr	1)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corpord	ation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional of	The new incorporated" or the abbreviation corporation name must contain the
		N/A	
B. Enter new principal office address, (Principal office address MUST BE A S	TREET ADDRESS )	-	
		<del></del>	
C. Enter new mailing address, if appli	icable:	N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter t	he name of the
new registered agent and/or the new		<u>ss:</u>	
Name of New Registered Agent	JOAQUIN O. ESCOTO		
	8726 NW 119TH STREI	ET UNIT 4	•
	(Florida s	treet address)	
New Registered Office Address:	HIALEAH GARDENS		, Florida
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager tered agent. I am familia	it: with and accept the obl	igations of the position.
Joog	in Frette		
	Signature of New	Registered Agent, if cha	nging

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	RODRIGUEZ ANTONIO	8726 NW 119TH STREET UNIT 4
Add			HIALEAH GARDENS, FL 33018
X Remove			
2) Change	PD	JOAQUIN O. ESCOTO	8732 NW 119TH STREET UNIT 4
X Add			HILEAH GARDENS, FL 33018
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
			•
an amendment provides for an exch	ange, reclassification, or can	cellation of issued shares,	
rovisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained in th	ie amendment itself:	

	05/30/	/2017	
The date of each amendment	s) adoption:		, if other than th
date this document was signed.	0.6.10.0.10.1.10		
Effective date if applicable:	05/30/2017		
Directive date <u>ir apprecasie</u> .	(n	no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the		meet the applicable statutory filing requirements, this dat tte's records.	e will not be listed as th
Adoption of Amendment(s)	(CHEC	CK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we		reholders. The number of votes cast for the amendment(s roval.	)
		nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	nt
		nent(s) was/were sufficient for approval	
by	(voting	**	
	(voting	group)	
action was not required.		ord of directors without shareholder action and shareholder orporators without shareholder action and shareholder	<del>.</del>
Dated	Q		
(B se		At or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court that fiduciary)	
	ANTONIO M.	RODRIGUEZ	
	(Тур	ped or printed name of person signing)	
	PD		
		(Title of person signing)	<del></del>