

N05000010153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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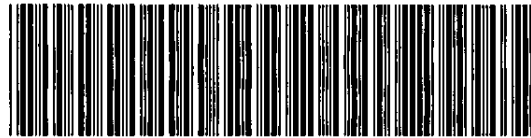
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 12 AM 11:51

C. Lewis
11-21-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2014

RAUL ESPINOZA PL
7300 N KENDALL DR SUITE 520
MIAMI, FL 33156 US

SUBJECT: THE PALMS HOTEL AND VILLAS II CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N05000010153

We have received your document for THE PALMS HOTEL AND VILLAS II 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 registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 114A00023765

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE PALMS HOTEL AND VILLAS II CONDOMINIUM ASSOCIATION, INC

DOCUMENT NUMBER: N05000010153

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL ESPINOZA

(Name of Contact Person)

RAUL E. ESPINOZA, PL

(Firm/ Company)

7300 N KENDALL DR, SUITE 520

(Address)

MIAMI, FLORIDA 33156

(City/ State and Zip Code)

RESPINOZA@REPALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL ESPINOZA

(Name of Contact Person)

at **786 5395410**

(Area Code & Daytime Telephone Number)

Enclosed is a ☒ check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

THE PALMS HOTEL AND VILLAS II CONDOMINIUM ASSOCIATION, INC. NOV 12 AM 11:51

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

N05000010153

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7300 N. KENDALL DR.
SUITE 520
MIAMI, FLORIDA 33156

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DIVISION OF CORPORATIONS
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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: RAUL E ESPINOZA, PL

7300 N. KENDALL DR., SUITE 520

(Florida street address)

New Registered Office Address:

MIAMI

(City)

, Florida 33156

(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 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:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ANEZ, TERESITA</u>	<u>1901 BRICKELL AVE</u> <u>SUITE 1705B</u> <u>MIAMI, FLORIDA 33129</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>QUINTERO, RICARDO</u>	<u>9016 WOODBREEZE BLVD.</u> <u>WINDERMERE, FLORIDA 34786</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>PONCE, JOSE</u>	<u>3104 PARKWAY BLVD</u> <u>KISSIMMEE, FLORIDA 34747</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>TOST, LUIS</u>	<u>2828 CORAL WAY</u> <u>SUITE 202</u> <u>MIAMI, FLORIDA 33145</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>WANG, JUE</u>	<u>3104 PARKWAY BLVD</u> <u>KISSIMMEE, FLORIDA 34747</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

[illegible]

The date of each amendment(s) adoption: September 25, 2014
date this document was signed.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable:

(no more than 90 days after amendment file date)

14 NOV 12 AMT: 51

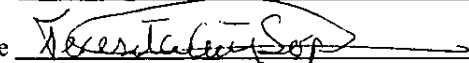
Adoption of Amendment(s)

(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 10/20/2014

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)

TERESITA ANEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)