# N05000010301

| (Red                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | dress)            |             |
| (Add                      | dress)            |             |
| (City                     | y/State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nan | ne)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | _ Certificates    | s of Status |
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Office Use Only



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06/10/11--01011--010 \*\*35.00

Amend Brown 6-13-11

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: TROPICAL POINT CONDOMINIUM ASSOCIATION, IN |  |   |   |
|---|--|---|---|
| DOCUMENT NUMI   | BER: N05000010301                            |   |   |
| The enclosed Articles   | of Amendment and fee are sub                 | mitted for filing.  |   |
| Please return all corres  | spondence concerning this matte              | er to the following:  |   |
|   | <del></del>                                  | M. Garcia   |   |
|   | (Name of C                                   | Contact Person)   |   |
|   | Affinity Mana                                | agement Services  |   |
| <u></u>   | (Firm/                                       | (Company)   |   |
|   | 1/30 N                                       | IW 15 AVE   |   |
| <del></del>   |  | ddress)   |   |
|   |  |   |   |
|   |  | , FL 33125<br>e and Zip Code)                                       | <del> </del>  |
|   | (City/ State                                 | e and Zip Code)   |   |
|   |  | agementservices.com for future annual report notifica               | tion)   |
| For further information   | n concerning this matter, please             | call:   |   |
| Pedro M. Garcia   |  | at ( 305 ) 325-4243   | 3   |
|   | of Contact Person)                           |   | e Telephone Number)   |
| Enclosed is a check for   | r the following amount made pa               | yable to the Florida Department                                     | of State:   |
| <b></b>   | ☐ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|   | g Address<br>ment Section                    | Street Address Amendment Section                                    | ,   |
| Divisio   | n of Corporations                            | Division of Corporation   | ıs  |
|   | ox 6327<br>issee, FL 32314                   | Clifton Building<br>2661 Executive Center                           | Circle  |

Tallahassee, FL 32301

### **Articles of Incorporation** of

## SECRETARIAN PHY 1: 49 **Articles of Amendment**

### TROPICAL POINT CONDOMINIUM ASSOCIATION, INC.

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

#### N05000010301

(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:

| reviation "Corp." or "Inc." <u>"Company"</u>   | <u>or Co. may n</u> | oi de usea in ine name.  |                      |
|--|---------------------|--|----------------------|
| Enter new principal office address, if ap<br>ncipal office address <u>MUST BE A STRE</u> |                     |  |                      |
|  |                     |  |                      |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)             |                     | 1430 NW 15 AVE   |                      |
|  |                     |  |                      |
|  |                     | Miami, FL 33125  |                      |
|  |                     | Miami, FL 33125  |                      |
|  |                     | ce address in Florida, e                                       | nter the name of the |
| new registered agent and/or the new reg  | istered office a    | ce address in Florida, e                                       | nter the name of the |
|  | istered office a    | ce address in Florida, e<br>ddress:<br>orida street address)   | <br><br>, Florida    |
| new registered agent and/or the new reg  Name of New Registered Agent:                   | (Flo                | ce address in Florida, eddress:  prida street address)  (City) |                      |

## 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)

| <u>Title</u> | <u>Name</u>  | Address                                   | Type of Action    |
|--------------|--|---|-------------------|
| PD           | Scott Bennett  | 5845 N. BAY ROAD<br>MIAMI BEACH, FL 33140 |                   |
| <u>P</u>     | Rajiv Handa  | 1430 NW 15 AVENUE<br>MIAMI, FL 33125      |                   |
| <u>T</u>     | Nancy Hernandez  | 1430 NW 15 AVENUE<br>MIAMI, FL 33125      | ☑ Add<br>□ Remove |
|              | nding or adding additional Article<br>additional sheets, if necessary). (I |   |                   |
| Please a     | dd the following Officer.  |   |                   |
| Secretar     | у  |   |                   |
| Joel Rive    | era - mailing address: 1430 NV   | V 15 AVENUE, MIAMI, FL 33125.             |                   |
|              |  |   |                   |
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|              |  |   |                   |

| The date of each amendme                         | nt(s) adoption: 6/6/2011  |
|--|---|
|  | (date of adoption is required)  |
| Effective date <u>if applicable</u>              |   |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s                          | (CHECK ONE)   |
| The amendment(s) was/was/were sufficient for ap  | were adopted by the members and the number of votes cast for the amendment(s) oproval.  |
| There are no members o adopted by the board of a | r members entitled to vote on the amendment(s). The amendment(s) was/were directors.  |
| Dated<br>Signature                               | 6/8/2011<br>RHanda  |
| (I<br>h  | By the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary) |
|  | Rajiv Handa   |
|  | (Typed or printed name of person signing)   |
|  | President   |
|  | (Title of person signing)   |