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(Re	equestor's Name)	
(Ac	ldress)	
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	<u> </u>	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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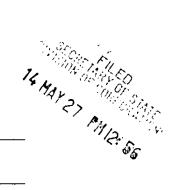
Amend Mond W. 9,14

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION:	Tropical Po	oint Condor	miniu	m Association, Inc.
DOCUMENT NUMBER:	20429668	30		
The enclosed Articles of Amend	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence	concerning this matte	er to the following:		
Teresita Perez-	Roura			
		(Name of Contact	Person)	
Tropical Point Condominium Association, Inc.				
		(Firm/ Compa	ny)	
1498 NW 15th	Street, Su	ite 105		
		(Address)		
Miami, FL 3312	25			
		(City/ State and Zip	p Code)	
tropical	oint1498	@gmail.c	om	
E-ma	il address: (to be used	for future annual re	eport not	ification)
For further information concerni	ng this matter, please	call:		
Teresita Perez-Roura		_{at (} 78)	6,	502-8438
(Name of Contact Person)		(A	rea Code	& Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Street Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327			Clifton Bu	
Tallahassee, FL 32314				cutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Tropical Point Condominium	n Association, Inc.		`
(Name of Corporation as currently fi	led with the Florida Dept. of	State)	
204296680			
(Docume	ent Number of Corporation (if	known)	
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:		1 Not For Profit Corporation adopts the f	following
A. If amending name, enter the new name	of the corporation:		
			The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the		orporated or the abbreviation "Corp." of	r "Inc."
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			
	, 		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
(m.m.mg man oss <u>mar i pa m. os i or i</u>			
	 		
D. If amount in a the constitution of a constitution of the consti		Electronic de la constant de la cons	
D. If amending the registered agent and/or new registered agent and/or the new registered agent agen		Florida, enter the name of the	
Name of New Registered Agent:			
			
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if change		dana da altino dan afaba a sa	
I herehy accept the appointment as registered	i ageni i am jamiliar with an	a accept the obligations of the position.	
Si	ignature of New Registered Ag	 ent, if changing	

Page 1 of 4

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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Joel Rivera	1498 NW 15th St., Unit 301
Add X Remove			Miami, FL 33125
2) Change	<u>T</u>	Miguel Alban	1498 NW 15th St., Unit 204
Add X Remove			Miami, FL 33125
3) Change	<u>T</u>	Miguel A. Adrian	1498 NW 15th St., Unit 501
X Add			Miami, FL 33125
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			 -
6) Change			
Add			
Remove			

. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)

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	e date of each amendmen e this document was signed	· · · · · · · · · · · · · · · · · · ·	, it other than the		
	ffective date if applicable: May 3, 2014				
		(no more than 90 days after amendment file date)			
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)			
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.			
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	<u></u>	y 3, 2014			
	Signature	Harriag,			
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)			
	Am	njad Farooq, PhD			
		(Typed or printed name of person signing)			
	Pre	esident			
		(Title of person signing)			