N05000010337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 JUL 13 PM 4:54
SECRETARY OF STATE
DIVISION OF CORPORATIONS

June 27, 2016

LETICIA B. CIRERA
MACPACJAC MANAGEMENT, LLC
13322 SW 128 STREET
MIAMI, FL 33186

SUBJECT: VILLA BELLINI CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000010337

We have received your document for VILLA BELLINI CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of $10.00 is due.

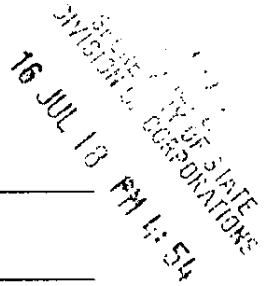
We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 416A00013492

**COVER LETTER**




**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** Villa Bellini Condominium Association, Inc.

**DOCUMENT NUMBER:** N05000010337

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

Please return all correspondence concerning this matter to the following:

Leticia B. Cirera

(Name of Contact Person)

MACPACJAC MANAGEMENT, LLC

(Firm/ Company)

13322 SW 128 Street

(Address)

Miami, Florida 33186

(City/ State and Zip Code)

3dmannual@gmail.com

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

For further information concerning this matter, please call:

Leticia B. Cirera at 305-238-0606

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

FILED
16 JUL 18 PM 4:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

Villa Bellini Condominium Association, Inc.

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

N05000010337

(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)***

_____

_____

_____

**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:* Corporation Company of Miami

200 S. Biscayne Boulevard, Suite 4100 (R1S)
*(Florida street address)*

*New Registered Office Address:*

Miami, Florida 33131
*(City)* *(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.*

CORPORATION COMPANY OF MIAMI

By: _____
*Signature of New Registered Agent, if changing*
Raul J. Salas, Vice President

**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 | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ____ Change | _____ | _____ | _____ |
| ____ Add | | | _____ |
| ____ Remove | | | _____ |
| 2) ____ Change | _____ | _____ | _____ |
| ____ Add | | | _____ |
| ____ Remove | | | _____ |
| 3 ) ____ Change | _____ | _____ | _____ |
| ____ Add | | | _____ |
| ____ Remove | | | _____ |
| 4) ____ Change | _____ | _____ | _____ |
| ____ Add | | | _____ |
| ____ Remove | | | _____ |
| 5) ____ Change | _____ | _____ | _____ |
| ____ Add | | | _____ |
| ____ Remove | | | _____ |
| 6) ____ Change | _____ | _____ | _____ |
| ____ Add | | | _____ |
| ____ Remove | | | _____ |

E. **If amending or adding additional Articles, enter change(s) here**:
(*attach additional sheets, if necessary*). *(Be specific)*

**The date of each amendment(s) adoption:** _____, if other than the date this document was signed.

**Effective date if applicable:** July 6, 2016
*(no more than 90 days after amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 July 6, 2016

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)

Leticia B. Cirera
(Typed or printed name of person signing)

Treasurer
(Title of person signing)