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SECRETARY OF STATE
TALLAHASSEE, FLORID

Amund Mail/HD9

COVER LETTER

C.

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Plazza Comm	ercial Warehouse Condon	inium Asseciation, In
DOCUMENT NUMB	ER: N 050000 1049	6	
The enclosed Articles	of Amendment and fee are subm	itted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	Salma Zacur	·	
	(Name of C	contact Person)	
_	Department of	Financial Services Company)	
	(Firm/	Company)	
	P.C. BOX 0817		
	(Ad	ldress)	-
	Miami, 7L 3		
(City/ State and Zip Code)			•
		Omyfloridacto co	
	E-mail address: (to be used	for future annual report notification	on)
For further information	concerning this matter, please o	call:	
Salm	2 Zacur	at (376
(Name o	of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	the following amount made pay	vable to the Florida Department of	f 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)
Amend Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 ussee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	- ,

OS NOV 3 PH 1:57

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with		
N 050000 10496	the Florida Dept. of State)	
(Document Number of Corporat	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation	, this <i>Florida Not For Profi</i>	t Corporation adopts
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	"corporation" or "incorpo	orated" or the
B. Enter new principal office address, if applicable:	8240 N.W. 5	2 Terrace
(Principal office address MUST BE A STREET ADDRESS)	Suite 102	
	Doral, 74 3	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 08	
	Miami, 7L	
	33152-08	17
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		he name of the
Name of New Registered Agent:		
New Registered Office Address: (Flori	ida street address)	
	, F	lorida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.		e obligations of the
Signature of New	Registered Agent, if changing	18

Page 1 of 3

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	Hugh Dates	Saye Now 52 Terroce Suite 102 Dorai, FL 33166	∠ ⊠ Add _ □ Remove
SD	Salma Zacur	Suite luz Duan, FL 33166	_ ⊠ Add _ □ Remove
TD	Mary Schwantes	Joso Capital Circle s. Suite 316 Tallahassee, FL 323	☐ Remove
E. <u>If ameno</u> (attach ac	ling or adding additional Articles, ente dditional sheets, if necessary). (Be spec	er change(s) here: cific)	
		 	-
·			
 .			

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>	Name	Address	Type of Action
ND	Silvano Sakal	8090 West 23 Ave. Hialent, 7L 33016	☐ Add Markette Remove
DTD	Rene Cambert	2300 West 84 Street Hieleah, FL 33016	☐ Add ☑ Remove
5_	Adriana Salem	8090 West 23 Ave. Hutean, FL 33016	☐ Add ☑ Remove
E. <u>If amend</u> (attach ad	ing or adding additional Articles, ente ditional sheets, if necessary). (Be spec	r change(s) here; ific)	
	,		
	. <u></u>		

The date of each amendment(s) ado	ption:10\29\69
Tiffantina data if amiliant la	(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)
hThe amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were
Dated	10/30/09
Signature	and Kales !
have not be	airman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	Hugh Dates
	(Typed or printed name of person signing)
	President Director
	(Title of person signing)

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