# N0500012567

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Ibis Villas at Doral Condominium Association, Inc.		
DOCUMENT NUM	ивек: <u>N05000012567</u>	
The enclosed Article	es of Amendment and fee are subm	itted for filing.
Please return all cor	respondence concerning this matter	to the following:
	<del></del>	J. Valdes
	(Name of C	ontact Person)
	Ibis Villas at Doral Cond	dominium Association, Inc.
	(Firm/	Company)
	12484 NW/ Sc	outh River Drive
<del></del>	<del> </del>	dress)
	<del></del>	FL 33178 and Zip Code)
	(City/ State	and Zip Code)
		mpar1.com for future annual report notification)
For further informat	ion concerning this matter, please c	call:
Pablo J. Valdes		_ at (305)_822-8000
(Name	e of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount made pay	rable to the Florida Department of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is certified Copy enclosed) (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Endment Section sion of Corporations Box 6327 chassee, 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**

Ibis Villas at Doral Condominium Association, Inc.

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

### N05000012567

(Document Number of Corporation (if known)

THE PARTY OF THE P Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adoption 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 co abbreviation "Corp." or "Inc." "Company" or		corporated" or the
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		nter the name of the
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	(Florida street address)	
-	(City)	, Florida (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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>s</u>	lleana Cordero	9413 NW 121 Terrace Hialeah Gardens, FL 33018	☑ Add □ Remove
E. If amendatach a	ding or adding additional Article dditional sheets, if necessary). (L	s, enter change(s) here: Be specific)	

The date of each amendment(s)	adoption: November 10, 2009
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) ral.
There are no members or mer adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated_04/14/2 Signature	2011
(By the	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
other c	Pablo J. Valdes
<del>-</del>	(Typed or printed name of person signing)
	President
_	(Title of person signing)

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