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(((H24000338922 3)))



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From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : I20030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

info@cuevaslaw.com Email Address:\_

COR AMND/RESTATE/CORRECT OR O/D RESIGNATION PALM GARDENS AT DORAL CONDOMINIUM ASSOCIATION, INC.

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## H240003389223

Articles of Amendment to Articles of Incorporation of

	of		
PALM GARDENS AT DORAL CONDOMINIUM A		<u> </u>	
(Name of Corporation as currently filed with the F. N05000012661	lorida Dept. of State)		
	. N I a C.C.	(2)	
(Documen	t Number of Corporat	on (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida	Not For Profit Corporation	on adopts the following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "inco	rporated" or the abbreviati	on "Corp." or "Inc."
· · · · · · · · · · · · · · · · · · ·			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>:</u> DRESS )	<del></del>	
C. Ferranco mallion address the autockles	<del></del>		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)		
			<del></del>
			<del></del>
D. If amending the registered agent and/or register	ed office address in l	Florida, enter the name of	the O
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:			<u> </u>
			*79 .
	·	(Florida street address)	့် တူ
New Registered Office Address:			
<u></u> -		Flo	fag
	(City)	(2	Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and	l accept the obligations of t	he position.
	Signature of Nev	Registered Agent, if chang	ging
		o	5···o

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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.

Type of Action (Check One)  1) Change Add	<u>Title</u>	Name	A ddwara
			<u>Addres</u> s
٧ .	VP	Velez, Edwin	7310 N.W. 114 AVE.  Doral, FL 33178
X Remove  2) Change Add	D	Pineda Carvajal, Aryanna	4000 Ponce De Leon Blvd Ste 770 Coral Gables, FL 33146
X Remove 3) X Change Add Remove	v	Arec. Mirna	7310 N.W. 114 AVE. Doral, FL 33178
4) X Change Add	<u>T</u>	Vanzetti, Gabriela	7310 N.W 114 AVE.  Doral, FL 33178
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s)	andontian:				if other than the
date this document was signed.		· <u></u>	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	_, it outer than the
-					
Effective date if applicable:	(no more than 90 c	dam atan amandu	ant file detail	<u>.</u>	<del></del>
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<u>Note:</u> If the date inserted in this document's effective date on the	block does not meet the app Department of State's recor	olicable statutory fil rds.	ling requirements, the	nis date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were was/were sufficient for appr	e adopted by the members a oval.	nd the number of v	otes cast for the am	endment(s)	

## H240003389223

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Signature

(By the chairman or vice chairman of the board president or other officer-if directors have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Merita Saliu

(Typed or printed name of person signing)

President

(Title of person signing)