

NO5699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

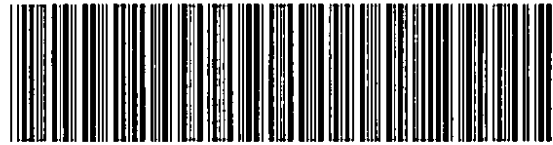
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/13/22 01020 +011 **35.00

2022 SEP -7 AM 8:46

10:17

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Amend

SEP 08 2022

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 9/7 Glinda

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CERTIFIED COPY

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PHOTOCOPY

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FILING

AMEND

DEL REY PARK CONDOMINIUM, INC.

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

2022 SEP -7 AM 8:46

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DEL REY PARK CONDOMINIUM, INC.

DOCUMENT NUMBER: N05699

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

Please return all correspondence concerning this matter to the following:

Alina Caraballo

(Name of Contact Person)

(Firm/ Company)

11312 NW 65 St

(Address)

Doral, FL 33178

(City/ State and Zip Code)

DELREYMIAMI@gmail.com

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

For further information concerning this matter, please call:

Alina Caraballo

305

724-5939

at

(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

August 31, 2022

~~ALINA CARABALLO
11312 NW 65 ST
DORAL, FL 33178~~

*Corporate
Access*

Corrected

SUBJECT: DEL REY PARK CONDOMINIUM, INC.
Ref. Number: N05699

We have received your document for DEL REY PARK CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator Letter Number: 822A00019428

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

2022 SEP -7 PM 3:49
Filing Division

Articles of Amendment
to
Articles of Incorporation
of

DEL REY PARK CONDOMINIUM, INC.

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

N05699

(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:

NA

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**)

9178 NW 114 Terrace

Hialeah Gardens, FL 33018

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9178 NW 114 Terrace

Hialeah Gardens, FL 33018

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:

MAURICI, ANTONINO

9178 NW 114 Terrace

(Florida street address)

New Registered Office Address:

Hialeah Gardens

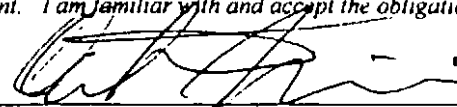
(City)

Florida 33018

(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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>DEL REY, OSVALDO E</u>	<u>11332 NW 65 ST</u>
<input type="checkbox"/> Add			<u>DORAL, FL 33178</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>CARABALLO, ALINA D</u>	<u>11312 NW 65 ST</u>
<input type="checkbox"/> Add			<u>DORAL, FL 33178</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>GIMBEL, OLGA D</u>	<u>11302 NW 65 ST</u>
<input type="checkbox"/> Add			<u>DORAL, FL 33178</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>DEL REY, CARLOS A</u>	<u>11342 NW 65 ST</u>
<input type="checkbox"/> Add			<u>DORAL, FL 33178</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>P</u>	<u>MAURICI, ANTONINO</u>	<u>9178 NW 114 TERR</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH GARDENS, FL 33018</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>V</u>	<u>RIVERO, MARIA L</u>	<u>37 W 23 ST</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33010</u>
<input type="checkbox"/> Remove			

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.

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Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T</u>	<u>POLIMENI, GIROLAMA</u>	<u>205 E 12 ST</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33010</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

[illegible]

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

Effective date if applicable: _____
(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 SEPTEMBER 6, 2022 _____

Signature Alina Carballo
(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)

ALINA CARABALLO

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)