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## **COVER LETTER**

TO: Amendment Section Division of Corporations

ROYAL PALE NAME OF CORPORATION:	M GARDENS CONDOMI	NIUM ASSOC	CIATION, INC.	
N06000002901 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
REINALDO CASTELLANOS, ESQ.				
	(Name of Contact P	erson)		
REINALDO CASTELLANOS, P.A.				
· · · · · · · · · · · · · · · · · · ·	(Firm/ Company	y)		
9960 SW 40TH STREET				
	(Address)			
MIAMI, FL 33165				
	(City/ State and Zip	Code)		
REY@CASTELLANOSLAW.COM				
E-mail address: (to b	e used for future annual re	port notificatio	n)	
For further information concerning this matter,	please call:			
REINALDO CASTELLANOS	at	305	223-8744	
(Name of Contact F		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount m	ade payable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Certif is Certif	0 Filing Fee Scate of Status Sed Copy Stional Copy is Seed)	
Mailing Address		reet Address	ion	

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

	Articles of Amendment to Articles of Incorporation	2022 NOV 29 SECRETARY FALL PRASS
	of	128 <b>5</b>
ROYAL PALM GARDENS CONDOMINIUM A	ASSOCIATION, INC.	7.95 7.85
(Name of Corporation as currently filed with th	te Florida Dept, of State)	<u> </u>
N06000002901		CA PH I
(Document)	ment Number of Corporation (if known)	2
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Co	orporation adopts the following
A. If amending name, enter the new name of the	ne corporation:	
		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the name		bbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u> )	
D. If amending the registered agent and/or regi	istered office address in Florida, enter the	name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent:	REINALDO CASTELLANOS, ESQ.	
	9960 SW 40TH STREET	
<u>New Registered Office Address</u>	(Florida street a	nddress)
HER RESIDERED OFFICE FRANCESS	MIAMI	33165
	(City)	, Florida (Zip Code)
Nan Dagistanad Agant's Cignature of shanning	·	· •
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		tions of the position.
	Ratellan	
	/ \www.an	12

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: X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	FERNANDEZ, OLIMPIA M.	4655 PALM AVE., #216-A HIALEAH, FL 33012
x Remove			
2) Change Add	VP	MOJENA. TOMAS	4655 PALM AVE., #216-A HIALEAH, FL 33012
X   Remove	D/T	LEON, NISBEL	4655 PALM AVE., #216-A HIALEAH, FL 33012
4) Change Add	<u>s</u>	RODRIGUEZ, OSCAR	4655 PALM AVE., #216-A HIALEAH, FL 33012
<ul> <li>X Remove</li> <li>5) X Change Add</li> <li> Remove</li> </ul>	D/P	ACOSTA, YAMIR	4655 PALM AVE., #216-A HIALEAH, FL 33012
6) Change Add	D/S	LEON, YAMILE	4655 PALM AVE., #216-A HIALEAH, FL 33012
Remove E. If amending or add (attach additional she		rticles, enter change(s) here:  (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
(no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Dated	11/04/2022
Signatu	· · · · · · · · · · · · · · · · · · ·
	(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	YAMIR ACOSTA Game Acosta
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)