Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please point this page and use it and covernment. Type the fax audit number (shown or the m and totton offill pages of the foo



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN HAVANA SUNRISE CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

A. BUTLER

MAR 3 0 2022

Articles of Amendment

FILED

	Articles of Incorporation of	2022 MAR 29 AM 10: 31
HAVANA SUNR	ISE CONDOW ith the Florida Dept. of State)	in Stanssociati
N O (O O O O O	847	1700
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floanmendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Pr</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ible:	
(Principal office address MUST BE A STREET A	IDDRESS)	
	-	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
D. If amending the registered agent and/or reg	istered office address in Florida, en	er the name of the
new registered agent and/or the new registe	red office address:	
Name of New Registered Agent:	······································	
	(Florida street address)	
New Registered Office Address:		
	((37.)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ont. I am familiar with and accept the	obligations of the position.
Siona	ture of New Registered Agent, if chan	ging

Page I of 4

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	<u>V</u> <u>Mik</u>	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
l)Change	PD.	Indien Paredes	4100 SW 1074LET MIANI FL 33161
Remove			
2) Change	TD	Indira Paredes.	
X Remove 3) Change Add	SD	Indira Paredes.	
X Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

E. If amending or adding additional Articles, e (attach additional sheets, if necessary). (Be s	enter change(s) here: specific)		
PLEASE ADD	TAX	ID	
205389761			
			
	-		
	·		
	<u> </u>		

The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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 03-29-2022	
Signature X Indica Paredes (By the chairman or vive the indicate of the state of	
(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)	-
Indira Parener	
(Typed or printed name of person signing)	
(Title of person signing)	