

ND6000004440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 SEP 19 AM 8:35

SEP 23 2016  
C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** HAVANA PALMS CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT NUMBER:** NO600000440

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

Please return all correspondence concerning this matter to the following:

COSTANTINO CICCHELLI  
Name of Contact Person

BARBA DERMATOLOGY  
Firm/ Company

4770 BISCAYNE BLVD. STE 1140  
Address

MIAMI, FL 33137  
City/ State and Zip Code

CCICCHELLI@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COSTANTINO CICCHELLI at ( 305 ) 573 7200  
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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2016

COSTANTINO CICCHELLI / BARBA DERMATOLOGY  
4770 BISCAYNE BLVD SUITE 1140  
MIAMI, FL 33137 US

SUBJECT: HAVANA PALMS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N06000004440

We have received your document for HAVANA PALMS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 716A00019325

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HAVANA PALMS CONDOMINIUM ASSOCIATION, INC

DOCUMENT NUMBER: N06000004440

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

Please return all correspondence concerning this matter to the following:

CONSTANTINO CICCHELLI

(Name of Contact Person)

HAVANA PALMS ASSOCIATION

(Firm/ Company)

4770 BISCAYNE BLVD, STE 1140

(Address)

MIAMI, FL 33137

(City/ State and Zip Code)

CCICCHELLI@HOTMAIL.COM

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

For further information concerning this matter, please call:

CONSTANTINO CICCHELLI

(Name of Contact Person)

at 786 5535679

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2016 SEP 19 AM 8:35

HAVANA PALMS CONDOMINIUM ASSOCIATION, INC

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

N06000004440

(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:

*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)

4770 BISCAYNE BLVD. STE 1140  
MIAMI, FL 33137

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

HAVANA PALMS CONDOMINIUM C/O BARBA DERMATOLOGY  
4770 BISCAYNE BLVD, STE 1140  
MIAMI, FL 33138

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:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (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>

Type of Action  
(Check One)

Title

Name

Address

- |  |          |                         |  |
|--|----------|-------------------------|--|
| 1) <input type="checkbox"/> Change         | <u>S</u> | <u>ANDRES ALVAREZ</u>   |  |
| <input type="checkbox"/> Add               |          |                         |  |
| <input checked="" type="checkbox"/> Remove |          |                         |  |
| 2) <input type="checkbox"/> Change         | <u>V</u> | <u>JENNY MARQUEZ</u>    |  |
| <input checked="" type="checkbox"/> Add    |          |                         |  |
| <input type="checkbox"/> Remove            |          |                         |  |
| 3) <input type="checkbox"/> Change         | <u>S</u> | <u>WILLIAM MURTADA</u>  |  |
| <input checked="" type="checkbox"/> Add    |          |                         |  |
| <input type="checkbox"/> Remove            |          |                         |  |
| 4) <input type="checkbox"/> Change         | <u>T</u> | <u>DANIEL BERTOLASA</u> |  |
| <input checked="" type="checkbox"/> Add    |          |                         |  |
| <input type="checkbox"/> Remove            |          |                         |  |
| 5) <input type="checkbox"/> Change         | <u>D</u> | <u>ANDRES ALVAREZ</u>   |  |
| <input checked="" type="checkbox"/> Add    |          |                         |  |
| <input type="checkbox"/> Remove            |          |                         |  |
| 6) <input type="checkbox"/> Change         |          |                         |  |
| <input type="checkbox"/> Add               |          |                         |  |
| <input type="checkbox"/> Remove            |          |                         |  |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

FILED  
JUL 12 10 10 AM '16  
DIVISION OF CORPORATIONS

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

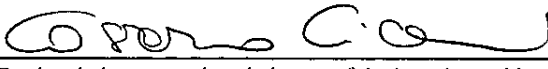
2016 SEP 19 AM 8:35

**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 9.19.2016

Signature   
(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)

COSTANTINO CICHHELLI  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)