

NO60000004620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

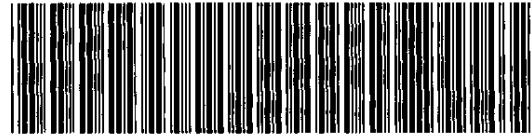
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Amend*

08/12/10--01024--014 \*\*35.00

FILED  
2010 AUG 23 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*89R  
8 B3/10*

00789, 01169, 00707, 00671

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Cobalt Condominium Assn Inc

DOCUMENT NUMBER: NO600000 #620

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

Please return all correspondence concerning this matter to the following:

ARON Swimmer Esq.  
(Name of Contact Person)

SWIMMER LAW ASSOCIATES PA  
(Firm/ Company)

1680 MICHIGAN AVE #1014  
(Address)

MIAMI Beach FL 33139  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

ARON Swimmer at ( 305 ) 535 0808  
(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

↑  
- previously  
Paid  
- see letter



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2010

Aaron Swimmer, Esq.  
Swimmer Law Associates P.A.  
1680 Michigan Ave #1014  
Miami Beach, FL 33139

SUBJECT: COBALT CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N06000004620

We have received your document for COBALT CONDOMINIUM ASSOCIATION, 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 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.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 910A00019564

RECEIVED  
2010 AUG 23 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2010 AUG 23 PM 1:11

COBALT CONDOMINIUM ASSOCIATION, INC.

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

NO 6000004620

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

*Cobalt Condo*

*c/o* Swimmer Law Associates P.A.  
1680 Michigan Avenue  
Suite 1014  
Miami Beach, FL 33139-2549

**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:

*AARON SWIMMER, ESQ.*

New Registered Office Address:

(Florida street address)

Swimmer Law Associates P.A.  
1680 Michigan Avenue  
Suite 1014  
Miami Beach, FL 33139-2549

(City)

Florida

(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:**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D, V, S</u>	<u>Brian Scheinblom</u>	<u>1680 Michigan Ave #1014</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		<u>MIAMI BEACH FL 33139</u>	
<u>P, S</u>	<u>Patricia Martin</u>	<u>1680 Michigan Ave</u>	<input checked="" type="checkbox"/> Add
		<u>#1014</u>	<input type="checkbox"/> Remove
		<u>MIAMI BEACH FL 33139</u>	
<u>V, T</u>	<u>Carlos Vaguilla</u>	<u>1680 MICHIGAN Ave</u>	<input checked="" type="checkbox"/> Add
		<u>#1014</u>	<input type="checkbox"/> Remove
		<u>MIAMI BEACH FL 33139</u>	

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: \_\_\_\_\_

*(date of adoption is required)*

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 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 \_\_\_\_\_

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)

PATRICIA MARTIN

(Typed or printed name of person signing)

Pres.

(Title of person signing)