## Nacco 550

	(Requestor's Name)
300	(Address)
09/2:	(City/State/Zip/Phone #)
CAY LA	PICK-UP WAIT MAIL  (Business Entity Name)
	(Document Number)
TO S	Certified Copies Certificates of Status  ### Comparison of Certificates of Status  ### Comparison of Certificates of Status  #### Comparison of Certificates of Status  ### Comparison of Certificates of Status  ###############################
<i>)</i> .	Special Instructions to Filing Officer:  AULED SAPAMUE 929  AUMONIZATION FOR THE PERSON
	DCG 9/29

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10 SEP 23 FH 2: 37
SECRETARY OF STATE

AMEND /23

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ration: <u>MILANO</u> OWA	AT PELICAN PRI JERS ASSOCIATION,	<u> ISERVE P</u> ROPER INC
DOCUMENT NUM	BER: NC	6000005550	· 
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Stephanie (Name o	Garcia f Contact Person)	<del> </del>
	CASTLE MA	4NAG FMENT n/ Company)	
	12270 SW	3rd St, #200 (Address)	<u> </u>
	PANTATION (City/Sta	1 FZ 33325 ate and Zip Code)	<u> </u>
	SGARCIA & E-mail address: (to be use	CASTLE GROUP ed for future annual report notifica	2. COM
For further information	on concerning this matter, pleas	se call:	
Stepha (Name	nie Garcia of Contact Person)	at ( <u>954</u> ) <u>792 –</u> (Area Code & Daytim	6000 ext 860  Telephone Number)
Enclosed is a check fo	or the following amount made p	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)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Street Address Amendment Section Division of Corporation Clifton Building	ŕ

2661 Executive Center Circle Tallahassee, FL 32301

10 SEP 23 PM 2:37
TALLAMASSEE. FLORIDA

## Articles of Amendment to Articles of Incorporation of

MILANO AT PELICAN PRES	KRUE PROPERTY OWNER.	5
(Name of Corporation as currently file	ed with the Florida Dept. of State) ASSOC	ATTON, INC
NO600000	5550	
(Document Number of C		
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporate		on adopts
A. If amending name, enter the new name of the cor	poration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." in the substraint of the substraint	May not be used in the name.  CO CASTLE MANA  RESS)  12270 SW 3 ST, #20  PLANTATION, FL 33	- <u>G</u> EHENT 00 3325 - <u>G</u> E MENT
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of	
	nee address.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.		ns of the
G:	of New Registered Agent, if changing	
Signature	OI NEW KEYISIETEU AYENI. II CHANQING	

## 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)

<u>Title</u> <u>Address</u> Type of Action <u>Name</u> ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove 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:				
Effective data if applicables	(date of adoption is required)			
Effective date if applicable:	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
was/were sufficient for approv	nbers entitled to vote on the amendment(s). The amendment(s) was/were			
Dated	8/18/10			
haven	e chairman or viee chairman of the board, president or other officer-if directors of been selected by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)			
_	(Typed or printed name of person signing)			
_	(Title of person signing)			