# N06000011587

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

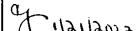




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# COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		LAZA CONDOMIN	NIUM ASSOC	IATION, INC.
DOCUMENT NUMBER:		N0600001		
The enclosed Articles of Amend	dment and fee are subn	nitted for filing.		
Please return all correspondence	e concerning this matte	r to the following:		
ISIS VALLE, ESQ.				
	•	(Name of Contact Po	erson)	
ISIS VALLE, P.A.				
		(Firm/ Company	·)	
3625 NW 82 AVENUE, SUITE	E 405			
		(Address)	<del></del>	
MIAMI, FL 33166				
		(City/ State and Zip	Code)	
IVALLE@IVALLEPA.COM				
E-m	ail address: (to be used	for future annual rep	port notification	1)
For further information concern	ing this matter, please	call:		
ISIS VALLE, ESQ.		at	(305)	
(Ni	ame of Contact Person)	 	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the folk	owing amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee	\$43.75 Filing Fee & 1 Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	D Filing Fee icate of Status ied Copy tional Copy is used)

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

# Street Address

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

## Articles of Amendment to Articles of Incorporation of

FILED

2022 OCT 24 AM 7: 45

HAVANA PLAZA CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with th	N06000011587	SEUR JAHASSEE, FL
(Docur	nent Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Pr</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	14850 NW 44 COURT	
(Principal office address MUST BE A STREET A	IDDRESS) SUITE 103	
	OPA-LOCKA, FL 33054	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	14850 NW 44 COURT	
	SUITE 103	
	OPA-LOCKA, FL 3305-	4
). If amending the registered agent and/or reginew registered agent and/or the new register		er the name of the
Name of New Registered Agent:	ADOLFO JOSE NAVAS	
	14850 NW 44 COURT, SUITE 202	
New Registered Office Address:		a street address)
	OPA-LOCKA	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	an a car or
hereby accept the appointment as registered agen	u. I am jaminar with and accept, the	onigations of the position.
-	Signature of New Registered	Agent Schenging

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>N</u>	ohn Doe Aike Jones ially Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	SERGIO A. COPPOLA	13499 BISCAYNE BLVD OFFICE CU-73, 18TH FLOOR
x Remove			NORTH MIAMI, FL 33181
2) Change Add	<u> </u>	ADOLFO JOSE NAVAS	14850 NW 44 COURT, SUITE 202 OPA-LOCKA, FL 33054
Remove 3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	<u></u>		
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		al Articles, enter change(s) here: eary). (Be specific)	

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<del></del>	<del></del>	
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		<del></del>
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The date of each amendment(s) adoption: date this document was signed.	·	if other than the
Effective data if applicables		
Effective thate <u>n applicable</u> :	10 more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not at of State's records.	be listed as the
Adoption of Amendment(s) (	CHECK ONE)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

•

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 10 14 2022		
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)		
ADOLFO JOSE NAVAS		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)		