

FROM : LAZARUS
Division of Corporations

FAX NO. 33052201440

Aug 10 2009 04:53 PM
http://www.sos.state.fl.us/corporations/

NO6000012941

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000179504 3)))



H090001795043ABC2

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 : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
2009 AUG 10 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MICHL0E VILLAS III CONDOMINIUM ASSOCIATION, INC.

RECEIVED

2009 AUG 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

Amend
ASR
8/10/09
8/10/2009 3:50 PM

FROM : LAZARUS

FAX NO. : 3052201440

Aug. 10 2009 04:53PM P2

Articles of Amendment

to

Articles of Incorporation

of

Michloe Villas III Condominium Association, Inc.

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

N06000012941

(Document Number of Corporation (if known))

Pursuant to the provisions of section 6/7.1006, Florida Statutes, this ~~FL NonProfit Corporation~~ adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

945 South Federal Highway

Main Office

Dania Beach, Florida 33004

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

945 South Federal Highway

Main Office

Dania Beach, Florida 33004

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:

Associated Law Professionals, LLC

320 South Flamingo Road

New Registered Office Address:

(Florida street address)

Pembroke Pines

(City)

Florida Florida 33027

(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.

Sandra Bahamonde
Signature of New Registered Agent, if changing

H09000179504

FILED
2009 AUG 10 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM : LAZARUS

FAX NO. : 3052201440

Aug. 10 2009 04:54PM P3

The date of each amendment(s) adoption: July 1, 2009

H09000179504

(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Dated July 1, 2009

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael Sagaro

(Typed or printed name of person signing)

STD.

(Title of person signing)

H09000179504