

NO7000000 117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

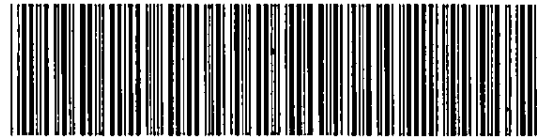
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200303807682

09/25/17--01008--022 **35.00

FILED
OCT 25 2017
TALLAHASSEE, FLORIDA

FILED
OCT 25 2017
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BARCELONA CONDOMINIUM ASSOCIATION OF MIAMI, INC

DOCUMENT NUMBER: N07000000117

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

Please return all correspondence concerning this matter to the following:

FELIPE HOFSTATTER

(Name of Contact Person)

(Firm/ Company)

175 SW 7 ST SUITE 2011

(Address)

MIAMI FL 33130

(City/ State and Zip Code)

BARCELONACONDOMIAMI@gmail.com

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

For further information concerning this matter, please call:

FELIPE HOFSTATTER

305

6298191

at

(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

RECEIVED
17 OCT 23 PM 3:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2017

FELIPE HOFSTATTER
175 SW 7 ST STE 2011
MAIMI, FL 33130

SUBJECT: BARCELONA CONDOMINIUM ASSOCIATION OF MIAMI, INC.
Ref. Number: N07000000117

We have received your document for BARCELONA CONDOMINIUM ASSOCIATION OF MIAMI, 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):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 917A00019462

Articles of Amendment
to
Articles of Incorporation
of

FILED

BARCELONA CONDOMINIUM ASSOCIATIONS OF MIAMI, INC

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

OCT 28 P 3 55

N07000000117

(Document Number of Corporation (if known))

CLERK 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)

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: FELIPE HOFSTATTER

175 SW 7 ST SUITE 2011

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida 33130

(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> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|---------------------------|-------------------------------|
| 1) <input type="checkbox"/> Change | <u>T</u> | <u>MAURO SCATTOLINI</u> | <u>175 SW 7 ST SUITE 2011</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FL 33130</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>P</u> | <u>PEDRO PINATE</u> | <u>175 SW 7 ST SUITE 2011</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI, FL 33130</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>S</u> | <u>RICARDO SCATTOLINI</u> | <u>175 SW 7 ST SUITE 2011</u> |
| <input type="checkbox"/> Add | | | <u>MIAMI FL 33130</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>P</u> | <u>FELIPE HOFSTATTER</u> | <u>175 SW 7 ST SUITE 2011</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI FL 33130</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>T</u> | <u>ZHANA HOFSTATTER</u> | <u>175 SW 7 ST SUITE 2011</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI FL 33130</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | <u>S</u> | <u>LUIZ HOFSTATTER</u> | <u>175 SW 7 ST SUITE 2011</u> |
| <input checked="" type="checkbox"/> Add | | | <u>MIAMI FL 33130</u> |
| <input type="checkbox"/> Remove | | | |

[illegible]

07/25/2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

07/25/2017

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

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.

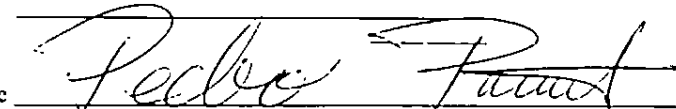
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

07/25/2017

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)

PEDRO PINATE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)