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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	ELOPERS CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: N07000002341	
DOCUMENT NUMBER.	11000
The enclosed Articles of Amendment and fee are so	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
BEATRIZ I. MARTINEZ	
	(Name of Contact Person)
COCONUT DEVELOPERS CONDOMINIUM AS	SSOCIATION, INC.
	(Firm/ Company)
6887 S.W. 89TH TERRACE	
	(Address)
MIAMI, FLORIDA 33156	
	(City/ State and Zip Code)
BIMPRO@HOTMAIL.COM	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	se call:
OSCAR D. FONSECA	786 367-2580
(Name of Contact Pers	
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee	& \$\subseteq \\$\\$43.75 \text{ Filing Fee} & \$\subseteq \\$\\$52.50 \text{ Filing Fee} & \$\cup \\$\\$Certified Copy & \$\cup \\$Certified Copy & \$\cup \\$\ (Additional copy is enclosed) & \$\cup \\$\ (Additional Copy is \text{Enclosed})
Mailing Address	Street Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

			<u>^</u>
N0700000	2341		
(Document Nun	nber of Corporation (i	ľ known)	
ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not</i>	For Profit Corporation adopts the following	owing
If amending name, enter the new name of the corpora	ation:		
		77.	ie new
me must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name.	ration" or "incorpora	ted" or the abbreviation "Corp." or '	'Inc."
Enter new principal office address, if applicable:			
rincipal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			ত :ত
(Mulling uduless MAT BL A FOST OF FICE BOX)			£1.7
			77
		ر الأولاد المسترار المسترار المسترار ا	FB
If amending the registered agent and/or registered of	ffice address in Florio	da, enter the name of the	- I
new registered agent and/or the new registered office		٠,٠	
Name of New Registered Agent:			
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	

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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	BEATRIZ I. MARTINEZ	6887 SW 89TH TERRCE
X Add			MIAMI, FL. 33156
Remove			
2) Change	Р	OSCAR D. FONSECA, Sr.	14250 SW 72ND AVE
Add			PALMETTO BAY, FL. 33158
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change	<u></u>		_
Add			
Remove			

E. If amending or adding a (attach additional sheets, i	dditional Articles, enter o	change(s) here:		
(attach additional sheets, i	if necessary). (Be specifi	ie)		
•	•			

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		option:	, if other than the
date	e this document was signed.		
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	te: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the	he amendment(s)
2	There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendmers.	ent(s) was/were
	Dated	4/9/13.	
	Signature	Minera	
	(By the chair have not bee	man or vice chairman of the board, president or other off in selected, by an incorporator — if in the hands of a recei ppointed fiduciary by that fiduciary)	
		(Typed or printed name of person signing	
		(Typed or printed name of person signing)
		Prepident	
		(Title of person signing)	