

NO 7000003921

(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



200292139472

12/07/16--01010--018 \*\*35.00

S TALLENT  
DEC 12 2016

*Amend*

FILED  
16 DEC -7 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TERZETTO MASTER ASSOCIATION

DOCUMENT NUMBER: N07000003921

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

Please return all correspondence concerning this matter to the following:

Oscar Prieto LCAM, Property Manager

(Name of Contact Person)

Terzetto Villas Master Association

(Firm/ Company)

18430 NE 27th CT

(Address)

Aventura FL, 33179

(City/ State and Zip Code)

terzettooffice@gmail.com / oscar.prieto@fsresidential.com

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

✓

For further information concerning this matter, please call:

Oscar Prieto

(Name of Contact Person)

305

at

(Area Code)

682-9581

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy,<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

TERZETTO MASTER ASSOCIATION, INC.

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

N07000003921

(Document Number of Corporation (if known))

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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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*

FILED  
16 DEC - 7 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA





The date of each amendment(s) adoption: 04/30/2016, if other than the date this document was signed.

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.

Dated 09/27/2016

Signature Cyro Raffa  
(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)

Cyro Raffa  
\_\_\_\_\_  
(Typed or printed name of person signing)

President of the Board of Directors of Terzetto Master Association  
\_\_\_\_\_  
(Title of person signing)



# Operations Check Request Form

**FirstService**  
RESIDENTIAL

**Purpose: (Check One)**

Petty Cash Reimbursement  Expense Reimbursement  Credit Card Payment  Project Deposit   
Other  (specify) FLORIDA DEP OF STATE, ARTICLES OF AMMENDMENT FEES

**Note:**

Do not use this form for Owner Assessment refunds! Contact your Accounts Receivable representative for assistance.

If you wish to have funds processed electronically, please send an E-mail to [Treasury.South@FSResidential.com](mailto:Treasury.South@FSResidential.com).

**Instructions:**

- Fill out this form completely and attach all supporting documentation to this request.
- Project deposits are for initial partial payments and must include a copy of the contract and terms.
- Petty Cash Reimbursements must include the Petty Cash Journal attached to the request.
- You must create the Invoice Number using the following format (Example: mmddyy and the dollar amount without special characters – Sept. 30 2015 for \$250 = 093015250)
- CAM approval is required and must sign at the bottom of this form.
- Submit this form through E-Mail to [FSResidentialAPSouth@avidbill.com](mailto:FSResidentialAPSouth@avidbill.com).
- All incomplete forms will be returned.

Date of Request: 11/03/2016 Invoice Number: 11031635

Check Amount: \$ 35.00 Bank Code (Pay From): OPR2

Property Name: TERZETTO MASTER Entity Code: OTBW

Payable to: FLORIDA DEPARTMENT OF STATE

Address: P.O. BOX 6327

City: TALLAHASSEE State: FLORIDA Zip Code: 32314

Special Instructions: \_\_\_\_\_

Vendor Code (If known): \_\_\_\_\_ GL Code: 50090

**CAM approval is required.**

Print Name: Oscar Prieto Title: CAM

CAM Signature: *Oscar P*

RD Signature: \_\_\_\_\_  
(For petty cash and CAM reimbursement only.)



RECEIVED NOV 29 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2016

TERZETTO MASTER ASSOCIATION, INC.  
C/O FIRSTSERVICE RESIDENTIAL  
2950 N 28TH TERR.  
HOLLYWOOD, FL 33020

SUBJECT: TERZETTO MASTER ASSOCIATION, INC.  
Ref. Number: N07000003921

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We recieved the attached check without any supporting documents. If there is something that you need to file with our office please return your check with the proper document for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 816A00025024