

NO7000008667

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

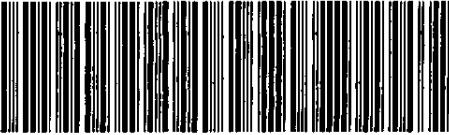
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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T A L L A M A S S I T, F L O R I D A

Amend  
C.COULIETTE

OCT 21 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ASOCIACION DE RESIDENTES PUERTA DEL SOL, INC.

**DOCUMENT NUMBER:** N07000008667

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_  
\_\_\_\_\_  
(Area Code & 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 & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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**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**

## ASOCIACION DE RESIDENTES PUERTA DEL SOL, INC.

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

NO 7000008667

(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**)**

1765 W. 42 Place

Apt. # 219

Hialeah FL.33012

**C. Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Hialeah FL.33012  
09 OCT 19 PH12  
SECURE  
TALLAHASSEE, FL

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:*

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— 10 —

*New Registered Office Address:*

*(Florida street 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*

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Maria Munoz</u>	<u>1765 W.42nd PL.#219</u> <u>Hialeah FL.33012</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T.</u>	<u>Dolores de la Guardia</u>	<u>1765 W.42nd PL.#416</u> <u>Hialeah FL.33012</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secretary</u>	<u>Mercedes Ferrer</u>	<u>1765 W.42nd PL.# 217</u> <u>Hialeah FL.33012</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

PRESIDENT-----BERTA CABRERA-----1765 W.42PL.#228 REMOVE  
HIALEAH FL. 33012

VICE PRESIDENT-----DOLORES DE LA GUARDIA----1765 W.42PL.#416 REMOVE  
HIALEAH FL.33012

TRE.-----MANUELA FUENTES-----1765 W.42PL.#320 REMOVE  
HIALEAH FL. 33012

SECRETARY-----ANA BELKIS BUITRAGO-----1765 W. 42PL.#223 REMOVE  
HIALEAH FL. 33012

The date of each amendment(s) adoption: 08/24/2009

*(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(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 10/16/2009

Signature Maria Munoz

(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)

MARIA MUNOZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)