

N07000009164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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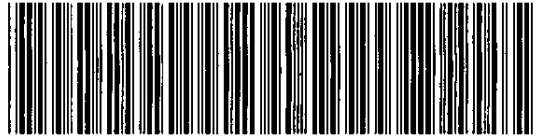
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend  
Therco  
6-26-09*

COVER LETTER

TO: Amendment Section  
Division of Corporations

RECEIVED

2009 JUN -5 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: Aaron Arms Condominium Association, Inc.

DOCUMENT NUMBER: N 07000009164

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

Please return all correspondence concerning this matter to the following:

Bennett M. Zifter  
(Name of Contact Person)

Aaron Arms Condominium Association, Inc.  
(Firm/ Company)

17760 NW 2 Ave. Suite 200  
(Address)

Miami Gardens Florida 33169  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Bennett M. Zifter at (305) 652-5506  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2009

BENNETT M. LIFTER  
AARON ARMS CONDOMINIUM ASSOCIATION, INC.  
17760 N.W. 2ND AVENUE, SUITE 200  
MIAMI GARDENS, FL 33169

SUBJECT: AARON ARMS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N07000009164

We have received your document for AARON ARMS CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

The \$35.00 previously sent was used to file the officer/director resignation.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 809A00019683

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 24 AM 8:00

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JUN 17 2009

Articles of Amendment  
to  
Articles of Incorporation  
of

Caron Arms Condominium Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N07000009164

(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 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:

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: MAY 26, 2009

Effective date if applicable: MAY 26, 2009  
(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 5/26/2009

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)

Robinson Seda Jr.

(Typed or printed name of person signing)

Vice-President

(Title of person signing)