NO 7000010736

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	→ #)
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. (Do	cument Number)	
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SECRETARY OF STATE

Amend

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COVER LETTER >

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Villa Laura HC	DA, Inc.			
DOCUMENT NUM	BER: N07000010736				
The enclosed Articles	s of Amendment and fee are sul	bmitted for	filing.		
Please return all corre	espondence concerning this mat	ter to the fo	ollowing	; :	
	Sebastia			•	
	(Name of	Contact P	erson)		
	Jarami	llo & Blay	a PA		
	(Firm	n/ Compan	y)		
	66 W. Flagle	er Street	Suite 5	600	
	(Address)			-
	Miam	ni, FL 331	30		
		ite and Zip			
	sebastian@ E-mail address: (to be use				tion)
For further information	on concerning this matter, pleas			·	,
Sebastian Jarami	llo	at (786	₎ 5287714	
(Name	of Contact Person)		(Area	Code & Daytim	e Telephone Number)
Enclosed is a check for	or the following amount made p	payable to 1	the Flori	da Department	of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	ied Copy tional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314		Ameno Divisio Cliftor	Address dment Section on of Corporation Building Executive Center	ns

Tallahassee, FL 32301

At ticles of Amenument	· ·
to	F//
Articles of Incorporation	ROLLED
of	Ψ/ 2 ₀
a Laura HOA, Inc.	IAIS GREEN MITTING
currently filed with the Florida D	ept. of State) ASSE OF 05
N07000010736	ept. of State ASSEE FLORIDA

(Document Number of Corporation (if known)

(Name of Corporation as

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:

ne new name must be distinguishable a breviation "Corp." or "Inc." <u>"Compa</u>			acorporated" or the
Enter new principal office address, i rincipal office address <u>MUST BE A ST</u>			
Enter new mailing address, if applications (Mailing address MAY BE A POST C			
	_		
new registered agent and/or the new			nter the name of th
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent: New Registered Office Address:	registered office addr		nter the name of th
Name of New Registered Agent:	registered office addr	ess:	nter the name of the

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>	Type of Action
PVPS	Raul Fernandez	6405 NW 36 Street Suite 222 Miami, FL 33166	_ □ Add _ ☑ Remove
		Miami, 1 L 33 (00	- El Remove
PVPS	Daniel Jaramillo	6405 NW 36 Street Suite 222 Miami, FL 33166	_ ☑ Add _ ☐ Remove
			_
			_
E. If amen	ding or adding additional Articles	. enter change(s) here:	
	dditional sheets, if necessary). (B		
			···
			,
•			
		· · · · · · · · · · · · · · · · · · ·	
			

The date of each amendment(s	s) adoption: 10/15/2016
Effective data if applicables	(date of adoption is required)
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or madopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
have	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Daniel Jaramillo
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3