

NO 8D000002154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

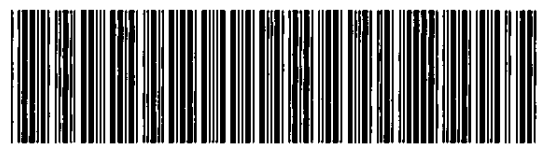
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/16/09--01019--007 \*\*35.00

*Amend*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 26 PM 4:00

FILED

T. Roberts MAR 26 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2009

CHANTEL MELENDI  
FONTAINBLEAU LAKES, LLC  
5835 BLUE LAGOON DR 4TH FL  
MIAMI, FL 33126

SUBJECT: FONTAINBLEAU LAKES COURTYARDS WEST CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N08000002154

We have received your document for FONTAINBLEAU LAKES COURTYARDS  
WEST CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

Page one of your document is missing. Please complete this page and return the  
entire document for processing.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 709A00009224

RECEIVED  
2009 MAR 26 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Fontainebleau Lakes Courtyards West  
Condominium Association, Inc.

DOCUMENT NUMBER: NO8000002154

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

Please return all correspondence concerning this matter to the following:

Chantel Helendi  
(Name of Contact Person)

Fontainebleau Lakes, LLC  
(Firm/ Company)

5835 Blue Lagoon Drive, 4th fl.  
(Address)

Miami, FL 33126  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Chantel Helendi at (786) 437-8559  
(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

Articles of Amendment  
to  
Articles of Incorporation  
of

Fontainebleau Lakes Courtyards West Condominium Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO8000002154

(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: \_\_\_\_\_

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*

FILED  
09 MAR 26 PM 4:01  
SECRETARY OF STATE  
ALEX HASSE  
FLORIDA

**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>
VPD	Harvey Glaser	5835 Blue Lagoon Dr. 4th fl Miami, FL 33126	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VPD	Raquel P. Chang	5835 Blue Lagoon Dr. 4th fl. Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input 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)*

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The date of each amendment(s) adoption: 2/1/09

Effective date if applicable: 2/1/09  
(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 3/13/09

Signature Charitel Melendi

(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)

Charitel Melendi  
(Typed or printed name of person signing)

President  
(Title of person signing)