## N08000003307

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Amend News 12-20-11

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: STARS of STRIPES COMMERCE PLAZA M 301 COMODIMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: NO 800000 33 07
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANIEL STUZIN
(Name of Contact Person)
STADS & STEIPTS COMMERCE PLAZA ON 301 COMOO ASSOC, INC
800 DOUGLAS DOAD, N. TWR SUITE 500
CORAL GABUES, FL 33134  (City/ State and Zip Code)
Stuzil @ bellsorth. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 7740454 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
**S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \text{Certificate of Status} Certificate of Status    (Additional copy is Certified Copy enclosed)  (Additional Copy is cenclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

STARS & STRIPES commerce PLAZA on 301 COMOOMINIUM

(Name of Corporation as currently filed with the Florida Dept. of State)	ASSOCIATION, INC
N D800000 3307	•
(Document Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> amendment(s) to its Articles of Incorporation:	adopts the following
A. If amending name, enter the new name of the corporation:	
N/A	<i>Th</i> e new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviatio "Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable:	n "Corp." or " Inc."
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TH DEC 19
D. If amending the registered agent and/or registered office address in Florida, enter the name of t new registered agent and/or the new registered office address:	PH 1: 04
Name of New Registered Agent: P/A	: 04
New Registered Office Address:	
, Florida, 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 policy in the control of the policy in the policy	e position.
Signature of New Registered Agent, if changing	

Page 1 of 4

'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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	TD	GENB, ELLIOT	800 DOUGLAS ROAD NORTH TOWER, SUITE 5D CORAL GABLES, PL 3313L
2) X Change Add Remove	TSD	ROSEN, MICHAEL	800 DOUGLAS ROAD <u>DOCAH TOWER, SUITE</u> 500 <u>COPAL GABUES, PL</u> 33,34
3 ) Change Add Remove		<del></del>	
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove	<del></del>		· · · · · · · · · · · · · · · · · · ·

ttach additional sheets, if necessary).	icles, enter change(s (Be specific)	,	
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The date of each amendment(s) adoption: 12   15   1    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 12 15 11 Signature Carul
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
DADIEL STUZIO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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