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SECRETARY OF STATE

APPROVEB



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Park Square Commercial Association, Inc.				
DOCUMENT NUMBER: N08000005584				
The enclosed Articles of Amendment and fee are submitted for fi	iling.			
Please return all correspondence concerning this matter to the fol	lowing:			
Frank Silva				
(Name of C	Contact Persor	1)		
Shoma Group				
(Firm/	(Company)			
3470 NW 82nd Avenue, Suite	988			
(A	ddress)			
Doral, Florida 33122				
(City/ State and Zip Code)				
fsilva@shomagroup.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Frank Silva	786	437-8674		
(Name of Contact Person)	(Area Co	ode & 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 \$ \$43.75 F Certificate of Status (Addition enclosed)	Copy nal copy is	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

AFFILED

Articles of Amendment to Articles of Incorporation

	01
Park Square Commercial Associate	
(Name of Corporation as currently filed with the	Florida Dept. of State)
N08000005584	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the follow
A. If amending name, enter the new name of the corpo	ration:
N/A	The r
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ooration" or "incorporated" or the abbreviation "Corp." or "In
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u>:SS</u>)
•	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
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 of fi	ce address:
Name of New Registered Agent: N/A	
Nume of New Negatierea rigent.	
	(P)
New Registered Office Address:	(Florida street address)
	City) , Florida
(0	My) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
Signature of N	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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Lydia Cabrera	3470 NW 82nd Ave.
Add			Suite 988
X Remove			Doral, FL 33122
2) Change	<u>s</u>	Richard Abreu	3470 NW 82nd Ave.
X Add			Suite 988
Remove			Doral, FL 33122
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	cles, enter change	e(s) here:		
(attach additional sheets, if necessary).	(Be specific)			
N/A				

		****		· · · · · · · · · · · · · · · · · · ·
				
				
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		<u> </u>		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
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.	
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) Raquel P. Chong	
(Typed or printed name of person signing) President	
(Title of person signing)	