ND8000005584

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COVER LETTER

TO: Amendment Section Division of Corporations

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Division of Corporations			
NAME OF CORPORATION: Park Squa	re Com	mercia	al Association, Inc.
DOCUMENT NUMBER: NO800005	584		
The enclosed Articles of Amendment and fee are sub-	mitted for filing	g.	
Please return all correspondence concerning this matter	er to the follow	ing:	
Frank Silva, Esq., Regis	tered A	gent	
· · · · · · · · · · · · · · · · · · ·	(Name of Cor		
Park Square Commercia	al Asso	ciatio	n, Inc.
	(Firm/ Co	ompany)	
3470 NW 82nd Avenue,	Suite 9	988	
	(Addı	ress)	-
Doral, FL 33122			
	(City/ State ar	nd Zip Code))
fsilva@shomagro	•		offication)
For further information concerning this matter, please		idai report in	our carrony
Frank Silva, Esq.	at (_	786	437-8658 de & Daytime Telephone Number)
(Name of Contact Person)		(Area Coo	de & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Fl	lorida Depar	tment of State:
■ \$35 Filing Fee	□\$43.75 Filin Certified Co (Additional enclosed)	ору	□\$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		Divisior Clifton I 2661 Ex	address nent Section of Corporations Building recutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

14 SEP 29 RM
14 SEP 29 FM

Park Square Commercial	of Association Inc	
(Name of Corporation as currently		
N08000005584	ta with the Figures seption state.	
	nt Number of Corporation (if known)	
dursuant to the provisions of section 617.100 mendment(s) to its Articles of Incorporation	, Florida Statutes, this <i>Florida Not For Profit Con</i>	rporation adopts the following
a. <u>If amending name, enter the new name</u>	of the corporation:	The ne
name must be distinguishable and contain th	word "corporation" or "incorporated" or the ab	
"Company" or "Co." may not be used in the B. Enter new principal office address, if a Principal office address MUST BE A STR	plicable: N/A	
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>		
D. If amending the registered agent and/onew registered agent and/or the new r	registered office address in Florida, enter the resistered of fice address:	name of the
Name of New Registered Agent:	/A	
New Registered Office Address:	(Florida street address)	_ _
<u>-</u>	/A Flori	
	(City)	(Zip Code)
New Registered Agent's Signature, if cha	<mark>ing Registered Agent:</mark> agent. I am familiar with and accept the obligat.	

Page 1 of 4

Signature of New Registered Agent, if changing

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 X Remove X Add	V Mik	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D/T	Richard Abreu	3470 NW 82nd Ave.
Add X_Remove			Doral, FL 33122
2) Change	D/T	Annette Hernandez	3470 NW 82nd Ave.
X			Doral, FL 33122
Remove			
3) Change Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

c. If amending or adding addit (attach additional sheets, if ne	cessary). (Be	specific)	<u>nere</u> :	
N/A				
				•
				**

	e date of each amendment(s) e this document was signed.	adoption: N/A	, if other than the
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the aval.	amendment(s)
	There are no members or me adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(stors.	s) was/were
	Dated	7/26/14	,
	Signature	Gunde Clor	1
		innan or vice chairman of the board, president or other office een selected, by an incorporator – if in the hands of a receiver	
		t appointed fiduciary by that fiduciary)	, 143100, 01
		Priscila Chong	<i>^</i> -
		(Typed or printed name of person signing)	
		President/Director	
		(Title of person signing)	_