N11129

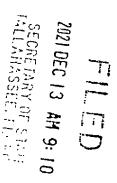
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	GARDEN APARTI	MENTS CONDOMIN	NIUM ASSOC	CIATION, INC	
DOCUMENT NUMBER	N11129				
The enclosed Articles of A					_
Please return all correspond	dence concerning this mat	ter to the following:			
ALEJANDRO C CONSTA	ANTINO				
		(Name of Contact P	erson)		_
ACC ACCOUNTING CO	RP				
		(Firm/ Company	y)		_
728 SW 100TH COURT C	IRCLE				
		(Address)	· · · · · · · · · · · · · · · · · · ·		_
MIAMI FL 33174					
		(City/ State and Zip	Code)		_
accaccountingcom@bellso	uth.net				
	e-mail address: (to be used	for future annual rep	ort notification	on)	
For further information con	cerning this matter, please	call:			
FREDY ALVARADO		at	305	775-3078	
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the	following amount made pa	ayable to the Florida I	Department of	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certit S Certit (Addi	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC

10

Name of Corporation as currently filed with the Florida Dept. of Sta	te)
N11129	SECRETARY OF STA TAULAHASSEE, FLOR
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Flor</i> amendment(s) to its Articles of Incorporation:	ida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word " " "	The new
name must be distinguishable and contain the word "corporation" or "in "Company" or "Co." may not be used in the name.	corporated" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
 ,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address in the new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the position.

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 Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add X Remove	<u>s</u>	BRAND, MYRIAM	244 MAJORCA AVENUE CORAL GABLES, FL 33134
2) Change Add	TV	BRAND, MYRIAM A	244 MAJORCA AVENUE CORAL GABLES, FL 33134
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove E. If amending or additional shed	ng additional Ar ets. if necessary).	ticles, enter change(s) here: (Be specific)	

•		
		
		
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		·
The date of each amendmen	t(s) adoption: November 29, 2021	, if other than the
date this document was signed	l. December 1st 2021	
Effective date if applicable:	(no more than 90 days after amendment file date	}
Note: If the date inserted in the document's effective date on t	nis block does not meet the applicable statutory filing requires the Department of State's records.	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

☐ There are no members or members entitled to vote on adopted by the board of directors.	the amendment(s). The amendment(s) was/were
Dated November 29, 2021	
have not been selected, by an incorother court appointed fiduciary by the	of the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or that fiduciary) The printed name of person signing)
President	(Title of person signing)
Ingrid & Arevato Comm. 8 HH097512 Expires: Feb. 25, 2025 Banded Thru Asson Notary	State of Florida The foregoing instrument was acknowledged before me via Pohysical presence OR Donline notarizations This Agy of Personally Known ToR produced Identification Type of Identification Produced NOTARY NAME HERE, Notary Public My commission expires County of Document On Produced Document Notary Name Here, Notary Public My commission expires