

N120000010881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

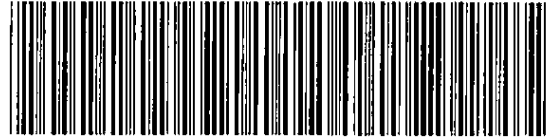
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400417569394

*Amend*

11/13/23--01004--005 \*\*70.00

FILED RECEIVED  
2023 NOV 15 AM 8:51  
2023 NOV 13 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY  
NOV -16 2023

\*00789, 01169, 00707, 00671

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

35

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP: BROOK 11/9**

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**GS** \_\_\_\_\_

**XX FILING INC AMEND** \_\_\_\_\_

1. **EL PADOVAN CONDOMINIUM ASSOCIATION, INC.**  
(CORPORATE NAME AND DOMCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrected



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2023

CORPORATE ACCESS, INC

TALLAHASSEE, FL 32303

SUBJECT: EL PADOVAN CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N12000010881

We have received your document for EL PADOVAN 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Annette Ramsey  
OPS

Letter Number: 923A000263

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

2023 NOV 15 AM 10: 22

RECEIVED

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2023 NOV 15 AM 8:51

El Veronese Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N12000010882

(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:

66 W. Flagler Street, Suite 900

(Principal office address MUST BE A STREET ADDRESS)

PMB 9816, Miami, FL 33130

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: Registered Agent Solutions, Inc.

2894 Remington Green Ln., Suite A

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida 32308

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Nelvio Fardin</u>	<u>P.O. Box 19105</u> <u>Miami Beach, FL 33119</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>P</u>	<u>Giuseppe Rizzi</u>	<u>66 W. Flagler Street, Suite 900</u> <u>PMB 9816, Miami, FL 33130</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>Michele Santinato</u>	<u>P.O. Box 19105</u> <u>Miami Beach, FL 33119</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>Ivone Sartori</u>	<u>66 W. Flagler Street, Suite 900</u> <u>PMB 9816, Miami, FL 33130</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>Tito Sala</u>	<u>66 W. Flagler Street, Suite 900</u> <u>PMB 9816, Miami, FL 33130</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <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)

---



---



---



---



---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document’s effective date on the Department of State’s records.

**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 11/9/23

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)

Giuseppe Rizzi

(Typed or printed name of person signing)

President

(Title of person signing)