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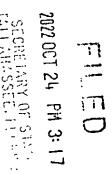
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TO: Amendment Section Division of Corporations

Aragon Homeo	owners Association,	Inc.			
N13000007714					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	e submitted for filir	<u>ាខ</u> .			
Please return all correspondence concerning this	matter to the follow	wing:			
Barbara Martinez					
··	(Name of Co	ntact Person	}		
Miami Management, Inc. c/o Aragon HOA					
	(Firm/ C	ompany)			
8700 W 35 Ct					
	(Add	ress)			
Hialeah, FL 33018					
	(City/ State a	nd Zip Code	')		· ·
bmartinez@miamimanagement.com					
E-mail address: (to be	e used for future an	nual report r	otification	1)	
For further information concerning this matter, p	olease call:				
Barbara Martinez		305 at		200-5505	
(Name of Contact P	erson)	(Are	ea Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the following amount in	ade payable to the l	Florida Depa	rtment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta		ору	Certif Certif) Filing Fee leate of Status led Copy tional Copy is used)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Sect n of Corpo entre of T		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ARAGON HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the	Florida Dept. of State)	03.5.7.7.
N13000007714		· · · · · · · · · · · · · · · · · · ·
(Docum	nent Number of Corporation (if	`known)
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name		ted" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applica	8700 W 35TH CT	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	018
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	8700 W 35TH CT	
	HIALEAH, FL 330	018
D. If amending the registered agent and/or regis		la, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	N/A	
	N/A	
New Registered Office Address:		(Florida street addiess)
<u>wew Registerea Office Address.</u>	N/A	
	(City)	, Florida /Zip Code)
		rap code;
New Registered Agent's Signature, if changing 1- I hereby accept the appointment as registered agen	(egistered Agent: t I am familiar with and acce	ept the obligations of the position.
	•	, ,
_	Signature of New Reg	istered 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	PT John De V Mike Jo SV Sally Sr	mes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T/S</u>	GIOVANNA PINZON	8700 W 35TH COURT HIALEAH, FL 33018
x Remove			
2) Change Add	<u>S/T</u>	JORGE LUIS PINOS	8700 W 35TH COURT THALEAH, FL 33018
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			

		
		
		
		
		·
		
		
		
The date of each amendment(s) adoption	10/3/2022	if other than the
date this document was signed.	·	If other than the
10/3/2022		
Effective date if applicable:	no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not left of State's records.	ne listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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	10/3/2022
Dated	
Signature	20
	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)
	•
	other court appointed fiduciary by that fiduciary)
	other court appointed fiduciary by that fiduciary) EDUARDO LAVIN