

N14000005245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

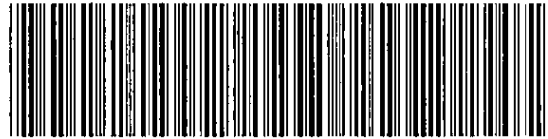
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000417128370

Amend

2023 OCT 19 AM 9:16

FILED

2023 OCT 19 PM 3:37

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

OCT 20, 2023



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 10/19/23
Order #: 1293261-2
Re: Paseo Northwest Block Association, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
I20000000195 Authorization:

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the text 'Please take the following action:'.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PASEO NORTHWEST BLOCK ASSOCIATION, INC

DOCUMENT NUMBER: N14000005245

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NANCY HILL

(Name of Contact Person)

CODINA PARTNERS

(Firm/ Company)

2020 SALZEDO STREET, 5TH FLOOR

(Address)

CORAL GABLES, FL 33134

(City/ State and Zip Code)

annualreports@codina.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY HILL

305-529-1320

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2023 OCT 19 AM 9:16

PASEO NORTHWEST BLOCK ASSOCIATION, INC

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

N14000005245

FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

(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:

(Principal office address **MUST BE A STREET ADDRESS**)

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:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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.

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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T, D</u>	<u>RAFAEL G ROMERO</u>	<u>2020 Salzedo Street 5th Floor</u> <u>Coral Gables, FL 33134</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P, D</u>	<u>JOSE JIMENEZ</u>	<u>2020 Salzedo Street 5th Floor</u> <u>Coral Gables, FL 33134</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S, D</u>	<u>VANIA PEDRAJA CASTRO</u>	<u>2020 Salzedo Street 5th Floor</u> <u>Coral Gables, FL 33134</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P, D</u>	<u>FEDERICO MORENO</u>	<u>2020 Salzedo Street 5th Floor</u> <u>Coral Gables, FL 33134</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D, VP, T</u>	<u>ADRIAN MORALES</u>	<u>2020 Salzedo Street 5th Floor</u> <u>Coral Gables, FL 33134</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D, V, S</u>	<u>ALEJANDRO ARELLANO</u>	<u>2020 Salzedo Street 5th Floor</u> <u>Coral Gables, FL 33134</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

☐ 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

10/18/23

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)

Federico Moreno

(Typed or printed name of person signing)

President

(Title of person signing)