

n16000008453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

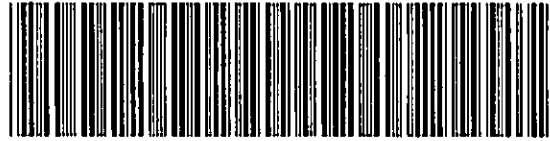
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** ELITE CENTRE AT DORAL CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT NUMBER:** N16000008453

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

Please return all correspondence concerning this matter to the following:

RUBI ORTEGA

(Name of Contact Person)

ELITE CENTRE AT DORAL CONDOMINIUM ASSOCIATION, INC.

(Firm/ Company)

10800 NW 21 Street, #200

(Address)

Miami, Florida 33172

(City/ State and Zip Code)

rortega@goingconstruction.com

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

For further information concerning this matter, please call:

Yohan Gomez, Esq.

305

265-8228

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2017

RUBI ORTEGA  
10800 NW 21 ST #200  
MIAMI, FL 33172

SUBJECT: ELITE CENTRE AT DORAL CONDOMINIUM ASSOCIATION, INC  
Ref. Number: N16000008453

We have received your document for ELITE CENTRE AT DORAL 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 above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2017 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2017 Annual Report and Supplemental Fee.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 817A00019660

Articles of Amendment  
to  
Articles of Incorporation  
of

ELITE CENTRE AT DORAL CONDOMINIUM ASSOCIATION, INC.

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

N16000008453

(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: RUBI ORTEGA

10800 NW 21 Street, #200

(Florida street address)

New Registered Office Address:

Miami

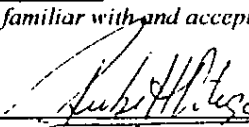
(City)

Florida 33172

(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

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ALBANY SEC. FLORIDA

**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	<u>V</u>	<u>GUISEPPE ZAPPALA</u>	<u>10500 NW 26 STREET</u>
<input type="checkbox"/> Add			<u>BUILDING A-102</u>
<input checked="" type="checkbox"/> Remove			<u>DORAL, FL 33172</u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>PATRICIA SCJARRETA</u>	<u>10500 NW 26 STREET</u>
<input type="checkbox"/> Add			<u>BUILDING A-102</u>
<input checked="" type="checkbox"/> Remove			<u>DORAL, FL 33172</u>
3) <input type="checkbox"/> Change	<u>T</u>	<u>NUNZIO ZAPPALA</u>	<u>10500 NW 26 STREET</u>
<input type="checkbox"/> Add			<u>BUILDING A-102</u>
<input checked="" type="checkbox"/> Remove			<u>DORAL, FL 33172</u>
4) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>ANGEL PRIETO</u>	<u>10800 NW 21 Street</u>
<input type="checkbox"/> Add			<u>#200</u>
<input type="checkbox"/> Remove			<u>Miami, Florida 33172</u>
5) <input type="checkbox"/> Change	<u>VP</u>	<u>RUBI ORTEGA</u>	<u>10800 NW 21 Street</u>
<input checked="" type="checkbox"/> Add			<u>#200</u>
<input type="checkbox"/> Remove			<u>Miami, Florida 33172</u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 9/19/17

Signature Rubi Ortega

(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)

RUBI ORTEGA

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President

\_\_\_\_\_  
(Title of person signing)