11700011337

(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:
<u> </u>

Office Use Only



100313303591

05/14/18--01023--002 **35.00

MINAY 29 P # 13

MAY 3 0 2018 T. LEWIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Blue Palms at Southland III Homeowners Association
DOCUMENT NUMBER: NIT 000011337 Inc
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ana Laura Robath d Name of Contact Person
Name of Contact Person
Mountain Cove
Firm/ Company
4878 SW 7414 CT
Address
Miami, FL 33155
City/ State and Zip Code
sales@mantaincove homes. (om
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ana Laura Rubayna 1,796, 537.3037
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:
S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy
(Additional copy is Certified Copy enclosed) (Additional Copy
is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee FL 32314 2661 Executive Center Circle
Tallahassee FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301





May 16, 2018

ANA LAURA ROBAYHA 4878 SW 74 CT MIAMI, FL 33155

SUBJECT: BLUE PALMS AT SOUTHLAND III HOMEOWNERS ASSOCIATION,

INC.

Ref. Number: N17000011337

We have received your document for BLUE PALMS AT SOUTHLAND III HOMEOWNERS 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):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

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: 718A00010239

RECEIVED

18 MAY 29 AH IU: 38

SECRETARY OF STATE

Articles of Amendment to Articles of Incorporation of

FILED

Blue Palms at Southand III Homeowners Association, I	NC	
(Name of Corporation as cu	urrently filed with the Florida D	
N17000011337		SECRETARY OF STATE
(Document)	Number of Corporation (if known)	TALLAHASSEE FLORIDA
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Prof	it Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name	rporation" or "incorporated" or t	The new he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	d office address in Florida, enter	the name of the
new registered agent and/or the new registered of	ffice address:	the name of the
Name of New Registered Agent:	-	
New Registered Office Address:	(Florida s.	(reet address)
		Manida
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the ol	bligations of the position.
	Signature of New Registered A	Igent, 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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Rafael Nunez	4878 SW 74th CT
X Add			Miami, FL 33155
Remove			
2) Change	VP	Kalet Baldrich	4878 SW 74th CT
Add			Miami, FL 33155
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			 _
6) Change			<u> </u>
Add			
Remove			

(attach addition	r adding additi nal sheets, if nec	essary). (Be	specific)	_				
_	_							
	<u> </u>			_			-	
		_	-	•	<u>.</u>		-	
								-
		_	-				 -	
	·			 .				··
<u> </u>		.	<u> </u>			. .		
				_	. <u>-</u>			
	-		 •	. <u></u>	<u> </u>	<u> </u>	·	-
<u>-</u> .		<u> </u>			-			
	· -			<u>_</u>				
<u>_</u>		.			<u>. </u>	·	_	_
			,, ,					
		-	<u> </u>					•
		··						
					<u></u>			
						<u>.</u>		
								
<u>.</u>								

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
tno more than 90 days afte	r amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the nu was/were sufficient for approval.	imber of votes cast for the amendment(s)
There are no members or members entitled to vote on the amend adopted by the board of directors.	ment(s). The amendment(s) was/were
Dated 5/23/18	_
Signature Tablopour	
(By the chairman or vice chairman of the boar have not been selected, by an incorporator – other court appointed fiduciary by that fiduciary	if in the hands of a receiver, trustee, or
Victor F Jolorzano)
(Typed or printed	name of person signing)
President	
(Title o	of person signing)