

N17000012098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

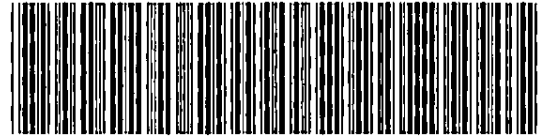
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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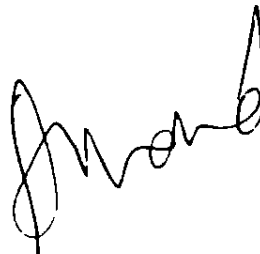
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S TALLENT

JUL 23 2019

2019 JUL 23 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FL

FILED





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

JUAN M. MARTINEZ
METRO CONSULTING & MANAGEMENT INC
333 DE 24TH STREET SUITE 209
MIAMI, FL 33137

SUBJECT: 26EDGEWATER CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N17000012098

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 219A00013599

2019 JUL 23 PM 12:02
TALLENT, SUSAN

2019 JUL 23 PM 12:02

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 26Edgewater Condominium Association

DOCUMENT NUMBER: N17000012098

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

Please return all correspondence concerning this matter to the following:

JUAN M. MARTINEZ

(Name of Contact Person)

METRO CONSULTING & MANAGEMENT INC

(Firm/ Company)

333 NE 24th Street Suite 209

(Address)

Miami, FL 33137

(City/ State and Zip Code)

jmartinez@metrocoma.com

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

For further information concerning this matter, please call:

Juan M. Martinez at **786-364-8695**
(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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

26 Edgewater Condominium Association, INC.

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

N17000012098

(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**)

321 NE 26th Street

Management Office

Miami, FL 33137

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

321 NE 26th Street

Management Office

Miami, FL 33137

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: Metro Consulting & Management Inc ✓

333 NE 24th Street Suite 209

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida 33137

(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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FLORIDA

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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>P</u>	<u>GOLDEMBERG, ALEJANDRO</u>	<u>21500 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>STE 401</u>
<input checked="" type="checkbox"/> Remove			<u>AVENTURA, FL 33180</u>
2) <input type="checkbox"/> Change	<u>V</u>	<u>GOLDEMBERG, MARIANA PAULA</u>	<u>21500 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>STE 401</u>
<input checked="" type="checkbox"/> Remove			<u>AVENTURA, FL 33180</u>
3) <input type="checkbox"/> Change	<u>T</u>	<u>ERLIJ, JOAQUIN</u>	<u>21500 BISCAYNE BLVD</u>
<input type="checkbox"/> Add			<u>STE 401</u>
<input checked="" type="checkbox"/> Remove			<u>AVENTURA, FL 33180</u>
4) <input type="checkbox"/> Change	<u>D P</u>	<u>RODRIGUEZ, MARIA DEL PILAR</u>	<u>321 NE 26th Street</u>
<input checked="" type="checkbox"/> Add			<u>Management Office</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33137</u>
5) <input type="checkbox"/> Change	<u>D V/T</u>	<u>SINGH, ANSANA</u>	<u>321 NE 26th Street</u>
<input checked="" type="checkbox"/> Add			<u>Management Office</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33137</u>
6) <input type="checkbox"/> Change	<u>D S</u>	<u>WENER, KEVIN</u>	<u>321 NE 26th Street</u>
<input checked="" type="checkbox"/> Add			<u>Management Office</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33137</u>

The date of each amendment(s) adoption: 06/20/2019, 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 06/20/2019

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)

MARIA DEL PILAR RODRIGUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)