

N18000001641

(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



900393544869

09/06/22--01019--009 **25.00

10/21/22--01019--009 **25.00

FILED
2022 DEC 12 AM 11:01
RECEIVED
TALLAHASSEE, FLORIDA

Amend.

DEC 17 2022

D CONWELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2022

GIRALDA PLACE CONDOMINIUM ASSOCIATION, INC.
201 EAST LAS OLAS BLVD.
SUITE 1200
FT. LAUDERDALE, FL 33301

SUBJECT: GIRALDA PLACE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N18000001641

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 322A00023986

RECEIVED

2022 OCT 27 - 9 AM 5:08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Giralda Place Condominium Association, Inc.

DOCUMENT NUMBER: N1800001641

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

Please return all correspondence concerning this matter to the following:

Dee Guerrier

(Name of Contact Person)

Stiles Property Management

(Firm/ Company)

201 East Las Olas Blvd., Suite 1200

(Address)

Fort Lauderdale, FL 33301

(City/ State and Zip Code)

PMGiraldaPlace@Stiles.com

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

For further information concerning this matter, please call:

Christine Jarro

(Name of Contact Person)

at 786-853-8849

(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

Giralda Place Condominium Association, Inc.

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

N18000001641

(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)

275 Giralda Avenue

Coral Gables, FL 33134

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

275 Giralda Avenue

Coral Gables, FL 33134

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: Stiles Property Management

201 E. Las Olas Blvd., Suite 1200

(Florida street address)

New Registered Office Address:

Fort Lauderdale

(City)

Florida 33301

(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

FILED
2022 DEC 12 AM 11:01
CLERK OF DISTRICT COURT
TALAMON SEC. FILED

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	DP	Kim Tabet	299 Alhambra Circle, Suite 512
<input type="checkbox"/> Add			Coral Gables, FL 33134
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	DVP	Christopher Brown	299 Alhambra Circle, Suite 512
<input type="checkbox"/> Add			Coral Gables, FL 33134
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	DST	Heidi E. Chantre	299 Alhambra Circle, Suite 512
<input type="checkbox"/> Add			Coral Gables, FL 33134
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	DP	Howard Wynne	BOD C/O Stiles Property Management
<input checked="" type="checkbox"/> Add			275 Giralda Avenue
<input type="checkbox"/> Remove			Coral Gables, FL 33134
5) <input type="checkbox"/> Change	DT	Victor Karam	BOD C/O Stiles Property Management
<input checked="" type="checkbox"/> Add			275 Giralda Avenue
<input type="checkbox"/> Remove			Coral Gables, FL 33134
6) <input type="checkbox"/> Change	DS	Christopher Brown	BOD C/O Stiles Property Management
<input checked="" type="checkbox"/> Add			275 Giralda Avenue
<input type="checkbox"/> Remove			Coral Gables, FL 33134

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

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

Please ensure the mailing address for the registered agent is updated on the website with the information listed above.

The website currently shows the wrong city and zip code.

The date of each amendment(s) adoption: 11/21/2022, if other than the date this document was signed

Effective date if applicable: 11/21/2022
(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 12/5/2022

Signature Howard S. Wyne

(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)

Howard S Wyne
(Typed or printed name of person signing)

Giraffe Place Condominium Association, President
(Title of person signing)