

NI 80000000853

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180002666443))



H180002666443ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2018 SEP 13 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
OFIZZINA 1200 CONDOMINIUM ASSOCIATION, INC.

CC
Amend

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

RECEIVED
18 SEP 13 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 14 2018
LALBRITTON

Articles of Amendment
to
Articles of Incorporation
of

Offizina 1200 Condominium Association, Inc.

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

N18000003530

(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:

NOT APPLICABLE

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:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NOT 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: NOT APPLICABLE

New Registered Office Address: (Florida street address)

NOT APPLICABLE

(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

Signature of New Registered Agent, if changing

2019 SEP 13 AM 8:29
STATE OF FLORIDA
DEPARTMENT OF STATE

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	<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	<u>ST</u>	<u>Aileen Valdez</u>	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	<u>ST</u>	<u>Marbely Meza</u>	<u>4100 N. Miami Avenue</u>
<input checked="" type="checkbox"/> Add			<u>2nd Floor</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33127</u>
3) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Lester Garcia</u>	<u>4100 N. Miami Avenue</u>
<input type="checkbox"/> Add			<u>2nd Floor</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33127</u>
4) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>Camilo Lopez</u>	<u>4100 N. Miami Avenue</u>
<input type="checkbox"/> Add			<u>2nd Floor</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33127</u>
5) <input type="checkbox"/> Change			_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change			_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

The date of each amendment(s) adoption: AUGUST 2, 2018 if other than the date this document was signed.

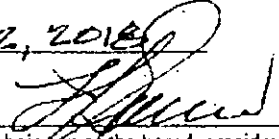
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 SEPT. 12, 2018

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)

WEBSTER GARCIA
 (Typed or printed name of person signing)

VICE PRESIDENT
 (Title of person signing)