

To: FAX SERVICE
3058618012
Division of Corporations

From: 3058618012

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N190000002898

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : SOLOMON & FURSHMAN, LLP
Account Number : I20050000182
Phone : (305)861-8034
Fax Number : (305)861-8012

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

Email Address: victor@sflLP.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
URBANA AT THE RESIDENCES CONDOMINIUM NO. 2
ASSOCIATION, INC.**

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Estimated Charge	\$35.00

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SEP 23 2019
T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: URBANA AT THE RESIDENCES CONDOMINIUM NO. 2 ASSOCIATION, INC.

DOCUMENT NUMBER: N19000002888

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

Please return all correspondence concerning this matter to the following:

Steve Steckler, Esq.

(Name of Contact Person)

Solomon, Cooperman & Recondo, LLP

(Firm/ Company)

1209 Brickell Avenue, PH 2000

(Address)

Miami, Florida 33131

(City/ State and Zip Code)

ssteckler@sflfp.com

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

For further information concerning this matter, please call:

Steve Steckler, Esq.

305

455-6317

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

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

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

URBANA AT THE RESIDENCES CONDOMINIUM NO. 2 ASSOCIATION, INC.

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

N19000002888

(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:

(Florida street address)

New Registered Office Address:

(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

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PD	TERESA BALUJA	730 NW 107TH AVE
<input type="checkbox"/> Add			SUITE 300
<input checked="" type="checkbox"/> Remove			MIAMI, FLORIDA 33172
2) <input checked="" type="checkbox"/> Change	PD	RAISA KRAUSE	730 NW 107TH AVE
<input type="checkbox"/> Add			SUITE 300
<input type="checkbox"/> Remove			MIAMI, FLORIDA 33172
3) <input checked="" type="checkbox"/> Change	VD	CARMEN OROZCO	730 NW 107TH AVE
<input type="checkbox"/> Add			SUITE 300
<input type="checkbox"/> Remove			MIAMI, FLORIDA 33172
4) <input type="checkbox"/> Change	TSD	VANESSA PEREZ	730 NW 107TH AVE
<input checked="" type="checkbox"/> Add			SUITE 300
<input type="checkbox"/> Remove			MIAMI, FLORIDA 33172
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			

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09-23-2019 3:00

STATE
OF NEW YORK
COUNTY OF ALBANY

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

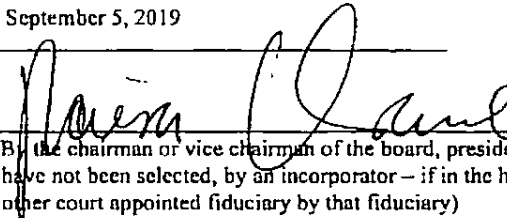
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 September 5, 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)

Raisa Krause

(Typed or printed name of person signing)

P

(Title of person signing)

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TALLAHASSEE, FLORIDA