

Division of Corporations

N1900004118

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.

(((H19000289080 3)))



H190002890803ABC4

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

To:
Division of Corporations
Fax Number : (850)617-6388

From:
Account Name : ASSOCIATION LAW GROUP PL
Account Number : I28090000042
Phone : (305)938-6922
Fax Number : (305)938-6914

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

Email Address: ssteckler@sfllp.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LANDMARK AT DORAL CONDOMINIUM NO. 5 ASSOCIATION, INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

2019 SEP 27 PM 12:28

2019 SEP 27 AM 10:56
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

FILED

LANDMARK AT DORAL CONDOMINIUM NO. 5 ASSOCIATION, INC.

2019 SEP 27 A 10 57

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

N19000004118

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

N/A

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)

N/A

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

N/A

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:

N/A

(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

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>PD</u>	<u>TERESA BALUJA</u>	<u>730 NW 107TH AVE</u>
<input type="checkbox"/> Add			<u>SUITE 300</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33172</u>
2) <input type="checkbox"/> Change	<u>VD</u>	<u>CARMEN HERRERA</u>	<u>730 NW 107TH AVE</u>
<input type="checkbox"/> Add			<u>SUITE 300</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33172</u>
3) <input type="checkbox"/> Change	<u>PD</u>	<u>CARMEN OROZCO</u>	<u>730 NW 107TH AVE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 300</u>
<input type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33172</u>
4) <input type="checkbox"/> Change	<u>VD</u>	<u>VANESSA PEREZ</u>	<u>730 NW 107TH AVE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 300</u>
<input type="checkbox"/> Remove			<u>MIAMI, FLORIDA 33172</u>
5) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
6) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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 Carmen _____

(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)

Carmen Orozco

(Typed or printed name of person signing)

P

(Title of person signing)