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.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : I20030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

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

Email Address: accounting@cuevaslaw.com

2022 MAY 31 PM 4: 17

COR AMND/RESTATE/CORRECT OR O/D RESIGN

DISE ONE NARANJA HOMEOWNERS ASSOCIATION, IN

Certificate of Status	0
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Page Count	05
Estimated Charge	\$35.00

1AY 31 AM 9: 03

Electronic Filing Menu

Corporate Filing Menu

Help

J 16/1/2075

From: eFax

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Articles of Amendment to Articles of Incorporation

2022 HAY 31 AM 9: 03

PARADISE ONE NARANJA HOMEOWNERS ASSOCI	ATION, INC.	(1.1
Name of Corporation as currently filed with the Florid V2000007744	a Dept. of State)	William II	100001 1
	nber of Corporation (if kn	own)	
ursuant to the provisions of section 617.1006, Florida Stat nendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not For</i>	Profit Corporation adopts the	ne following
If amending name, enter the new name of the corpor	ration:		
ume must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporated	or the abbreviation "Corp."	The new " or "Inc."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES	<u> </u>		
	 ,		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
		· · · · - · · · · · · · · · · ·	
If amending the registered agent and/or registered onew registered agent and/or the new registered office		enter the name of the	
Name of New Registered Agent:			
	(Flo	rida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changing Register are else accept the appointment as registered agent. I am	ed Agent: familiar with and accept t	he obligations of the position	
	Signature of New Registe	red Agent, if changing	

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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 <math>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: X.Change X.Remove X.Add	PT John I V Mike : SV Sally :	<u>Iones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>×</u> Change Add	<u>S.D</u>	ARANGO, FERNANDO	1200 NW 7TH ST HOMESTEAD FL 33030
Remove 2) Change Add	P,T,D	FIELDS, RON	1200 NW 7TH ST HOMESTEAD FL 33030
Remove 3) Remove Add x	<u>P,D</u>	BHAT, RAVI	1200 NW 7TH ST HOMESTEAD FL 33030
4) Change Add	VP, D	ALE, ALICIA	1200 NW 7TH ST HOMESTEAD FL 33030
Remove 5) Change Add Remove			
6) Change Add			
Remove E. If amending or addi (attach additional she) N/A		ticles, enter change(s) here: (Be specific)	

(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.		H22000190687 3
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.		
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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.	Effective date if applicable:	
document's effective date on the Department of State's records.		
Adoption of Amendment(s) (CHECK ONE)	Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
	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.

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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

\$ 850617638G

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)

President

(Typed or printed name of person signing)

Ron Fields

(Title of person signing)

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