

N36981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

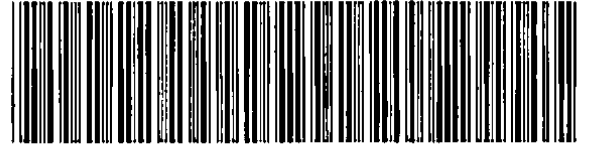
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT

AUG 09 2019

FILED
2019 AUG -8 PM 2:04
SECRETARY OF STATE
TALLER COUNTY FL

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2019

BEN SIGARRETA
FINTAX, INC.
10916 NW 7TH STREET, UNIT 504
MIAMI, FL 33172

SUBJECT: THE GABLES III TOWNHOMES CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N36981

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

ALL PAGES OF THE NOT FOR PROFIT AMENDMENT FORM MUST BE COMPLETED AND SUBMITTED. PLEASE COMPLETE PAGE 4 OF 4 FOR THE ADOPTION OF AMENDMENTS AND RESUBMIT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 919A00015531

Rec 8/9/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2019

BEN SIGARRETA
FINTAX, INC.
10916 NW 7TH STREET, UNIT 504
MIAMI, FL 33172

SUBJECT: THE GABLES III TOWNHOMES CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N36981

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 219A00014420

Rec 7/29/19

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE GABLES III TOWHOMES CONDOMINIUM ASSOCIATION, INC.

DOCUMENT NUMBER: N36981

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/ Company)

(Address)

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Ben Sigarreta - Register Agent

305

229-0111

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE GABLES III TOWNHOMES CONDOMINIUM ASSOCIATION, I.

DOCUMENT NUMBER: N36981

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

Please return all correspondence concerning this matter to the following:

Ben Sigarreta

Name of Contact Person

Fintax, Inc.

Firm/ Company

10916 NW 7th Street, Unit 504

Address

Miami, FL 33172

City/ State and Zip Code

fintax39@gmail.com

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

For further information concerning this matter, please call:

Ben Sigarreta at (305) 229-0111
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|--|---|--|
| <input checked="" 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

THE GABLES III TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

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

N36981

(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:

_____, Florida _____
(City) (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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>p</u>	<u>Tomas Fernandez</u>	<u>8565 NW 5th Terrace</u>
<u>X</u> <u> </u> Add			<u>Unit # 9</u>
<u> </u> Remove			<u>Miami, FL 33126</u>
2) <u> </u> Change	<u>T</u>	<u>Galia Valdes</u>	<u>8580 NW 5th Terrace</u>
<u>X</u> <u> </u> Add			<u>Unit # 6</u>
<u> </u> Remove			<u>Miami, FL 33126</u>
3) <u>X</u> <u> </u> Change	<u>V</u>	<u>Brenda O' Campo</u>	<u>8575 NW 5th Terrace</u>
<u> </u> Add			<u>Unit # 1510</u>
<u> </u> Remove			<u>Miami, FL 33126</u>
4) <u>X</u> <u> </u> Change	<u>S</u>	<u>Priscila Bowen</u>	<u>8575 NW 5th Terrace</u>
<u> </u> Add			<u>Unit # 1506</u>
<u> </u> Remove			<u>Miami, FL 33126</u>
5) <u>X</u> <u> </u> Change	<u>D</u>	<u>Maria A. Gutierrez</u>	<u>12896 NW 8th Way</u>
<u> </u> Add			<u>Miami, FL 33182</u>
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

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

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June 5, 2019

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 June 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)

Tomas Fernandez

(Typed or printed name of person signing)

President

(Title of person signing)