

N49383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

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10 OCT -4 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

And
10/5/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UTOPIA HOMEOWNERS SECURITY ASSOCIATION, INC.

DOCUMENT NUMBER: N49383

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

Please return all correspondence concerning this matter to the following:

BEN QUEVEDO

Name of Contact Person

UTOPIA HOMEOWNERS SECURITY ASSOCIATION, INC.

Firm/ Company

1301 SHOTGUN ROAD

Address

WESTON, FL 33326

City/ State and Zip Code

JSCPA1@MSN.COM

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

For further information concerning this matter, please call:

JOEL SANDERS, CPA

Name of Contact Person

at (954) 916-2000

Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2010

BEN QUEVEDO
1301 SHOTGUN ROAD
WESTON, FL 33326

SUBJECT: UTOPIA HOMEOWNERS SECURITY ASSOCIATION, INC.
Ref. Number: N49383

We have received your document for UTOPIA HOMEOWNERS SECURITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 810A00018407



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2010

BEN QUEVEDO
1301 SHOTGUN ROAD
WESTON, FL 33326

SUBJECT: UTOPIA HOMEOWNERS SECURITY ASSOCIATION, INC.
Ref. Number: N49383

We have received your document for UTOPIA HOMEOWNERS SECURITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 710A00022188

Articles of Amendment
to
Articles of Incorporation
of

UTOPIA HOMEOWNERS SECURITY ADMINISTRATION, INC.

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

N49383

(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)

4050 VENTURA AVENUE

MIAMI, FL 33133

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

4050 VENTURA AVENUE

MIAMI, FL 33133

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:

New Registered Office Address:

(Florida street 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

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10 OCT -4 AM 9:46
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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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|---|--|
| <u>P</u> | <u>BEN QUEVEDO</u> | <u>3992 UTOPIA COURT</u> <u>MIAMI, FL 33133</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>VP</u> | <u>PETER ZUBIZARRETA</u> | <u>3868 BRAGANZA AVENUE</u> <u>COCONUT GROVE, FL 33133</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>T</u> | <u>GLENN PATRON</u> | <u>4050 VENTURA AVENUE</u> <u>MIAMI, FL 33133</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|---|--|
| <u>S</u> | <u>RONALD MORGAN</u> | <u>3814 EL PRADO BLVD</u> <u>COCONUT GROVE, FL 33133</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>VP</u> | <u>SEAN REICHERT</u> | <u>3940 BRAGANZA AVE</u> <u>CORAL GABLES, FL 33133</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>P</u> | <u>JOANNE BUTLER</u> | <u>3750 PARK AVE</u> <u>CORAL GABLES, FL 33133</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:

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

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: September 23, 2010
(date of adoption is required)

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

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 23, 2010

Signature

Sean Reichert

(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)

SEAN REICHERT

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)