



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2018

YESENIA LLOMBART
YCL MANAGEMENT INC
10300 SW 72 STREET STE 284
MIAMI, FL 33173

SUBJECT: MELROSE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N50227

We have received your document for MELROSE TOWNHOMES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 018A00017178

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Melrose Townhomes Condominium Association, Inc.

DOCUMENT NUMBER: N50227

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

Please return all correspondence concerning this matter to the following:

Yesenia Llombart
(Name of Contact Person)

YCL Management Inc.
(Firm/ Company)

10300 SW 72 St. Suite 284
(Address)

Miami, Fl. 33173
(City/ State and Zip Code)

contact@yclmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yesenia Llombart at 786 361-1373
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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

Melrose Townhomes Condominium Association Inc.

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

N50227

(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)

FILED
18 AUG 27 AM 10:26
TALLAHASSEE, FLORIDA

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

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Ana Del Monte</u>	<u>10300 SW 72 St. Suite 284</u> <u>Miami, Fl. 33173</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Iralys Alvarez</u>	<u>10300 SW 72 St. Suite 284</u> <u>Miami, Fl. 33173</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Juan A. Lopez</u>	<u>10300 SW 72 St. Suite 284</u> <u>Miami, Fl. 33173</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Juanita Velazquez</u>	<u>10300 SW 72 St. Suite 284</u> <u>Miami, Fl. 33173</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Rolando Colon</u>	<u>10300 SW 72 St. Suite 284</u> <u>Miami, Fl. 33173</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Ana Jorge</u>	<u>10300 SW 72 St. Suite 284</u> <u>Miami, Fl. 33173</u>

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 8/24/2018 _____

Signature Ana M. Delmonte
(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)

Ana M. Delmonte
(Typed or printed name of person signing)

President
(Title of person signing)

PUBLIC RECORDS EXEMPTION REQUEST
to the **FLORIDA DEPARTMENT OF STATE**

Florida law allows eligible persons and their employing agencies to request in writing that a non-employing agency maintain as exempt from public disclosure certain identification and/or location information contained in records within the agency's custody. *If an employing agency is requesting for the employee*, add agency name, and requester's name and title, to the signature line.

NOTE: The officer, employee, justice, judge, other person entitled to the exemption, or employing agency of the designated employee, *must* submit this written request *directly* to a custodial agency in order for the agency to maintain the exemption for the records in its custody. For records in the custody of the Department of State, please return this completed form or a written request directly to: *Department of State, Attn: Public Records Officer, R.A. Gray Building, Ste. 100, 500 S. Bronough St., Tallahassee, FL 32399.* To have an exemption maintained in the records in the custody of any other agency, please contact that agency directly for information on how to make a written request.

If your spouse and/or children are subject to your exemption (not applicable for victim* of battery, abuse, harassment, or stalking or for participant* in address confidentiality program), please check here and attach a page with the name, date of birth, and relationship of each to assist in identifying each person in any public records within the custody of the agency.

To facilitate processing your request for any of records in the custody of the Division of Corporations, please complete the Addendum for Exemption of Public Disclosure on the next page. *If not applicable*, check here .

I hereby request exemption maintenance by your agency based on the following category/categories for which I qualify:

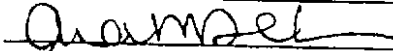
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Code Enforcement Officer. | <input type="checkbox"/> County Tax Collector. † |
| <input type="checkbox"/> Dept. of Business and Prof. Reg. investigators and inspectors. † | <input type="checkbox"/> Inspector general or internal audit dept. personnel whose duties include auditing/investigating waste, fraud, abuse, theft, exploitation, or activities that could lead to criminal prosecution or admin. discipline. † |
| <input type="checkbox"/> Dept. of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities. | <input type="checkbox"/> Judicial or quasi-judicial officer (general/special magistrate, judge of compensation claims, administrative law judge of the Div. of Admin. Hearings, and child support enforcement hearing officer). † |
| <input type="checkbox"/> Dept. of Health personnel whose duties support the investigations of child abuse or neglect. | <input type="checkbox"/> Juvenile probation officers, juvenile probation supervisors, detention superintendents, assistant detention superintendents, juvenile justice detention officers I/II, juvenile justice detention officer supervisors, juvenile justice residential officers, juvenile justice residential officer supervisors I II, juvenile justice counselors, juvenile justice counselor supervisors, human services counselor administrators, senior human services counselor administrators, rehabilitation therapists, and social services counselors of the Dept. of Juvenile Justice. |
| <input type="checkbox"/> Dept. of Health personnel whose duties include, or result in, the determination/adjudication of eligibility for social security disability benefits, investigation/prosecution of complaints filed against health care practitioners, or inspection of health care practitioners or health care facilities licensed by the Dept. of Health. † | <input type="checkbox"/> Law enforcement personnel, including correctional officers and correctional probation officers. |
| <input type="checkbox"/> Dept. of Financial Services personnel whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations. | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor). |
| <input type="checkbox"/> Dept. of Revenue personnel or local government personnel whose duties include revenue collection and enforcement or child support enforcement. | <input type="checkbox"/> Public defenders and criminal conflict and civil regional counsel (includes assistant public defenders, assistant criminal conflict and assistant civil regional counsel). |
| <input type="checkbox"/> Emergency medical technicians or paramedics certified under chapter 401, F.S. † | <input type="checkbox"/> Member of U.S. Armed Forces, reserve component of U.S. Armed Forces, or National Guard who served after 9/11/2001. † |
| <input type="checkbox"/> Firefighter certified in compliance with s. 633.408, F.S. | <input type="checkbox"/> U.S. Attorney or Assistant U.S. Attorney, U.S. circuit judge, U.S. district judge, or U.S. magistrate judge. † |
| <input checked="" type="checkbox"/> Guardian ad litem as defined in s. 39.820, F.S. † | <input type="checkbox"/> Victim* of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence—Please attach official verification that crime occurred—Exemption for 5 years from date of this request. |
| <input type="checkbox"/> Human resource, labor relations, or employee relations director; assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties. | <input type="checkbox"/> Certified Participant* in Address Confidentiality Program under s. 741.403, F.S.—Exemption applies only to participant's name, address, and telephone number in voter registration and voting records—Please attach copy of certification or renewal. |
| <input type="checkbox"/> Impaired practitioner consultant, retained by an agency, whose duties result in determination of person's skill and safety to practice licensed profession (includes consultant's employees). † | |
| <input type="checkbox"/> Justice of Florida Supreme Court; or judge of district court: of appeal, circuit court, or county court. | |

Printed Name: ANA M. DELMONTE

Date of Birth: 09/13/1971

Phone Number: 786-395-6921

Home Address: 2701 NW 27TH AVE #1003 MIAMI, FL 33142

Signature (and Title, if app.) of Requester:† 

Date: 8/24/18

† *If specially indicated category selected, person also certifies, by signature herein, that he or she has made reasonable efforts to protect information from being publicly accessible through other means available to the public.*

**ADDENDUM FOR EXEMPTION OF PUBLIC DISCLOSURE
ONLY FOR DIVISION OF CORPORATIONS RECORDS**

Before the Florida Department of State, Division of Corporations can act on your request, it needs the following additional information from you:

1. Complete home address that is to be redacted:

2701 NW 27TH AVE #1003, MIAMI, FL 33142

2. Are you now or have you ever been listed on the Division of Corporations' records as:

- | | | |
|-----------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| a. an officer or director of a corporation? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. a managing member or manager of a limited liability company? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c. a general partner in a limited partnership? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. an owner of a fictitious name? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| e. a partner in a general partnership? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| f. a notary? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| g. an owner of a trademark registration | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

3. Have you ever had a judgment lien filed against you that would have been filed in this office after October 1, 2001

Yes No

If you answered "Yes" to one or more of the questions, we ask you provide the name of the entity, registration or filing and an alternate address that can replace the one we currently have in our records. We cannot have a record with a missing address.

Name/Names of entity or registration:

MELROSE TOWNHOMES CONDOMINIUM ASSOCIATION

I AM THE NEW PRESIDENT OF THE HOMEOWNERS ASSOCIATION

AMMENDMENT PAPERWORK SUBMITTED

Alternate address to replace the one current on our records:

Please return this addendum with the **Public Records Exemption Request** form.
 For question concerning this addendum, call 850.245.6862.

Handwritten signature and date: 8/24/08