N920000686

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DR 2/2/10

' COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Decoplag	e Condominium Ass	ociation, Inc,
DOCUMENT NUM	IBER: <u>N9200000686</u>		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		nillos, C.A.M. Contact Person)	
	·	dominium Association,	lno.
		/ Company)	
		Road, Mgmt Office	
	(1	Address)	
		each, FL 33139 te and Zip Code)	
	(City/ Sta	te and Zip Code)	
		olagecondominium.com d for future annual report no	tification)
For further informati	on concerning this matter, pleas	e call:	
Kim Pinillos, C.A	.М	at (305) 672.	3594 ext 203
•			
Enclosed is a check t	for the following amount made p	ayable to the Florida Depart	ment 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)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Street Address Amendment Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle

Articles of Amendment to **Articles of Incorporation**

FILED	
2010 FEB 21	
SECRETARY OF ST	7

The Decoplage Condominium Association, Ind (Name of Corporation as currently filed with the Florida Dept. of State) ASSEE, FLORIDA N92000000686 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

	n/a	
he new name must be distinguishable and co bbreviation "Corp." or "Inc." <mark>"Company" o</mark>	ontain the word "corporation" or r "Co." may not be used in the nun	"incorporated" or the <mark>1e</mark> .
. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)		
new registered agent and/or the new regis	stered office address:	n, enter the name of th
		n, enter the name of th
Name of New Registered Agent:	stered office address: n/a	, enter the name of the

Page 1 of 3

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)

Title .	. , <u>Name</u>	Address	Type of Action
Secret	Alicia Mancuso	100 Lincoln Road Miami Beach, FL 33139	□ Add □ Remove
Secret	Ofelia Colunga	100 Lincoln Road Miami Beach, FL 33139	
(attach ad	ding or adding additional Article dditional sheets, if necessary). (I	s, enter change(s) here: Be specific)	

The date of each amendmen	t(s) adoption: 01/19/10
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
> • • • •	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated	PIETIPO
(B)	y the pairman or vice mairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or ner court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	V.P Dunte
	(Title of person signing)