

N9300000376do

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

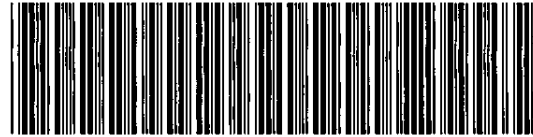
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 NOV 16 AM 8:49



Amend
11/20/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Norma Condominium Associationn of Miami Beach, Inc

DOCUMENT NUMBER: N93000003766

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

Please return all correspondence concerning this matter to the following:

Kathaleen Smarsh

(Name of Contact Person)

Alliance Bookkeeping Solutions

(Firm/ Company)

429 Lenox Avenue, Suite 4C16

(Address)

Miami Beach, FL 33139

(City/ State and Zip Code)

ksmarsh@alliancesolutionsusa.com

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

For further information concerning this matter, please call:

Kathaleen Smarsh

(Name of Contact Person)

at **305 401-4556**

(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

RECEIVED
12 NOV 16 AM 10:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2012

KATHALEEN SMARSH
ALLIANCE BOOKKEEPING SOLUTIONS
429 LENOX AVENUE - SUITE 4C16
MIAMI BEACH, FL 33139

SUBJECT: THE NORMA CONDOMINIUM ASSOCIATION OF MIAMI BEACH,
INC.

Ref. Number: N93000003766

We have received your document for THE NORMA CONDOMINIUM ASSOCIATION OF MIAMI BEACH, 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 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.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 512A00026120

Articles of Amendment
to
Articles of Incorporation
of

The Norma Condominium Association of Miami Beach, Inc

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

N93000003766

(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)

Alliance Bookkeeping Solutions LLC
429 Lenox Avenue, Suite 4C16
Miami Beach, FL 33139

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: Alliance Bookkeeping Solutions LLC

429 Lenox Avenue, Suite 4C16

(Florida street address)

New Registered Office Address:

Miami Beach

(City)

Florida 33139

(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

[illegible]

The date of each amendment(s) adoption: 9/18/2012

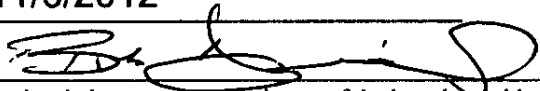
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 11/6/2012

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)

Robert Daniels

(Typed or printed name of person signing)

Secretary

(Title of person signing)