Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BALDY MARTINEZ P.A.

Account Number: I20110000042

Phone

: (305)454-5804

rax Number

: (305)454~5808

\*\*Enter the email address for this business entity to be used for futura annual report mailings. Enter only one email address please !: \*\*:

|--|

COR AMND/RESTATE/CORRECT OR O/D RESIGN HARDING TOWER CONDOMINIUM ASSOCIATION, INC.

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| Page Count            | 08      |
| Estimated Charge      | \$35.00 |



## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |
|--|--|
| NAME OF CORPORATION: Harding Tow   | er Condominium Association, Inc.   |
| DOCUMENT NUMBER: N93000038   | 48   |
| The enclosed Articles of Amendment and fee are submit  | ted for filing.  |
| Please return all correspondence concerning this matter t                                      | o the following:   |
| Baldy Martinez   |  |
|  | lame of Contact Person)  |
| Baldy Martinez, P.A.   |  |
|  | (Firm/ Company)  |
| 2100 Coral Way, Suite 40   | 3  |
|  | (Address)  |
| Miami, FL 33145  |  |
| . (0   | ity/ State and Zip Code)   |
| bm@baldylaw.com  | 1  |
| E-mail address: (to be used for  | or future annual report notification)  |
| For further information concerning this matter, please ca                                      | 11:  |
| Baldy Martinez   | at (305   454-5804 (Area Code & Daytime Telephone Number)  |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount made paya   | ble to the Florida Department of State:  |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status                                | \$43.75 Filing Fee & \$\sum_{\text{\$\subset}}\$\$ \$152.50 Filing Fee Certified Copy (Additional copy is enclosed) \$\sum_{\text{\$\subset}}\$\$ \$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  |

| ı  | Article              | es of Amendment                    |                                | تے          |
|--|----------------------|------------------------------------|--------------------------------|-------------|
|  | Article              | to<br>s of Incorporation           |                                | THE SHAPE   |
| Manufla a Tanana Assata at   |                      | of                                 | -<br>آيو<br>آيو                |             |
| Harding Tower Condom   |                      | <u> </u>                           | Ť                              |             |
| (Name of Corporation as current  | v filed with the Flo | orida Dept. of State)              | •                              |             |
| N93000003848   |                      |                                    |                                | <u> </u>    |
| (Documen   | t Number of Corpor   | ation (if known)                   | •                              | (7) Table   |
| Pursuant to the provisions of section 617.  amendment(s) to its Articles of Incorporat |                      | es, this <i>Florida Not For Pr</i> | ofit Corporation adopts t      | he followin |
| A. If amending name, enter the new na  | me of the corporat   | ion:                               |                                |             |
| n/a  |                      |                                    |                                | The nev     |
| name must be distinguishable and contain   | the word "corpora    | tion" or "incorporated" of         | the abbreviation "Corp.        |             |
| "Company" or "Co." may not be used in  | the name.            |                                    |                                |             |
| B. Enter new principal office address, i   | if applicable:       | n/a                                |                                |             |
| (Principal office address MUST BE A S  |                      | )                                  |                                |             |
|  |                      |                                    | * **                           |             |
|  |                      |                                    |                                |             |
| C. Enter new mailing address, if appli-  | cable:               | 2100 Coral Wa                      | v Suite 403                    |             |
| (Mailing address <u>MAY BE A POST (</u>  | DEFICE BOX           | <del></del>                        | <u> </u>                       | <del></del> |
|  |                      | Miami, FL 3314                     | 5                              |             |
|  |                      |                                    |                                |             |
|  |                      |                                    |                                | <del></del> |
| D. If amending the registered agent an   |                      |                                    | er the name of the             |             |
| new registered agent and/or the new  | Baldy Marti          |                                    |                                |             |
| Name of New Registered Agent:  |                      |                                    | <del> </del>                   |             |
|  | 2100 Coral           | Way, Suite 403                     |                                |             |
| New Registered Office Address:   |                      | (Florida sireet address)           |                                |             |
| THE RESIDENCE OFFICE HEAVENS.  | Miami                |                                    | 33145                          |             |
| ,  | (City)               |                                    | _, Florida 33145<br>(Zip Code) |             |
|  | (Cuy)                |                                    | (Zip Coue)                     |             |
| New Registered Agent's Signature, if cl  |                      |                                    | ahliaatious of the positio     | -           |
| I hereby accept the appointment as regist  | srea ugent. Lam ja   | minar with and accept the          | oonzanons of the bosino.       | re.         |
| G:-  | water a CN and The C |                                    |                                |             |
| 218  | nature of New Kegis  | stered Agent if changing           |                                |             |

Page 1 of 4

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: X Change             | PI                       | John Doe        |  |
|-------------------------------|--------------------------|-----------------|--|
| X Remove                      | $\underline{\mathbf{v}}$ | Mike Jones      |  |
| _X Add                        | SV                       | Sally Smith     |  |
| Type of Action<br>(Check One) | Title                    | Name            | Address  |
| 1) Change Add Remove          | PD                       | Jose Francisco  | 900 W 49 St. Ste. 220<br>Hislanh, FL 33012       |
| 2) Change Add Remove          | SD                       | Enrique Ruiz    | 900 W 49 St. Ste. 220<br>Hislean, Ft. 33012      |
| 3) Change Add x Remove        | то                       | Zenaida Paredes | 900 W 49 St. Ste. 220<br>Hialean, FL 33012       |
| 4) Change Add Remove          | ם                        | Ramon Rodriguez | 900 W 49 St. Ste. 220<br>Hisleah, FL 33012       |
| 5) Change<br>Add<br>Remove    | PD                       | Dalka Guzman    | / 7735 Abbott Ave., #5F<br>Mismi Beach, FL 33141 |
| 6) Change                     | VD                       | Manuel Martinez | 6610 S.W. 132 Ave.<br>Mierni, FL 33183           |
|                               |                          |                 |  |

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.

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| Example: X Change             | <u>PT</u> | John Doc        |  |
|-------------------------------|-----------|-----------------|--|
| X Remove                      | <u>v</u>  | Mike Jones      |  |
| X Add                         | <u>sv</u> | Salty Smith     |  |
| Type of Action<br>(Check One) | Title     | Name.           | <u>Addres</u> s  |
| 1) Change Add Remove          | SD        | Asala Sarabia   | 6801 Harding Ave., Unit #305<br>Miami Beach, Ft. 33141 |
| 2) Change Add Remove          | <u>†</u>  | Eva Sanchez     | 8801 Harding Ave., Unit #516<br>Mismi Beach, FL 33141  |
| 3) Change Add Remove          | C         | Sonia Fernandez | 6801 Harding Ave., #411<br>Miamil Beach, FL 33141      |
| 4) Change Add Remove          | ·         |                 |  |
| 5) Change<br>Add<br>Remove    |           | <del>-</del> .  |  |
| 6) Change<br>Add<br>Remove    |           |                 |  |

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| The date of each amendmen                            | t(s) sdoption: 6/8/2012   |
|--|---|
| Livective date if applicable:                        | 6/8/2012  |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                             | (CHECK ONE)   |
| The amendment(s) was/w<br>was/were sufficient for ap | vere adopted by the members and the number of votes cast for the amendment(s)   |
| There are no members or adopted by the board of a    | members entitled to vote on the amendment(s). The amendment(s) was/were directors.  |
| Dated  | 6/13/12   |
| Signature _ 🛩  | la e a la samo.   |
| (By the<br>have t                                    | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the bands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
| Dalila (   | Guzman  |
|  | (Typed or printed name of person signing)   |
| Preside  | ent/ Director   |
|  | Title of person signing)  |