

N94000004942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

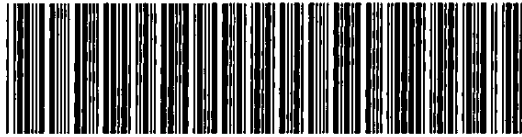
(Business Entity Name)

(Document Number)

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FILED  
07 OCT 31 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend on  
10-31-07  
x EUS  
x CC*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORRECTION TO ARTICLES OF INCORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** N94000004942

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRELA CASTILLO, SEC.-OTCA  
(Name of Contact Person)

OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.  
(Firm/Company)

1881 WASHINGTON AVE.  
(Address)

MIAMI BEACH, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

IRELA CASTILLO at ( 305 ) 761-6413  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |
|--|--|
| <input type="checkbox"/> \$35.00 Filing Fee                  | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                            |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**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

October 22, 2007

IRELA CASTILLO  
1881 WASHINGTON AVE  
MIAMI BEACH, FL 33139

SUBJECT: OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N94000004942

We have received your document for OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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: 007A00061934

RECEIVED  
2007 NOV - 1 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Articles of Amendment  
to  
Articles of Incorporation  
of**

**OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.**

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

**N94000004942**

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**NO DIRECTORS IN THE ARTICLES OF INCORPORATION**

**FILED**  
OCT 31 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


The date of adoption of the amendment(s) was: 10/01/07

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 was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

**IRELA CASTILLO**

\_\_\_\_\_  
(Typed or printed name of person signing)

**SECRETARY - OTCA**

\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**