

7/29/2016

2016-07-29 17:55:01 (GMT)

16054032099 From: Grisel Morales

**N94 000005486**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

(((H16000183002 3)))



H1600018300234BCV

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 : MUINOS & MORALES, FL  
Account Number : 120130008092  
Phone : (305)403-0641  
Fax Number : (305)403-2099

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

Email Address: gmorales@msquaredlaw.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**POINT LAKE CONDOMINIUM ASSOCIATION THREE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

C. CARROTHERS

Aug 01 2016  
C. CARROTHERS

(((H16000183002 3)))

COVER LETTER

TO: Amendment Section  
Division of Corporations

Point Lake Condominium Association Three, Inc.

NAME OF CORPORATION: \_\_\_\_\_

N94000005486

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Grisel Morales, Esq.

\_\_\_\_\_  
(Name of Contact Person)

Muinos &amp; Morales P.L.

\_\_\_\_\_  
(Firm/ Company)

300 Sevilla Avenue Suite 301

\_\_\_\_\_  
(Address)

Coral Gables, FL 33134

\_\_\_\_\_  
(City/ State and Zip Code)

gmorales@msquaredlaw.com

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

For further information concerning this matter, please call:

Grisel Morales, Esq.

305

403-0641

\_\_\_\_\_  
(Name of Contact Person)

at \_\_\_\_\_

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)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

(((H16000183002 3)))

Articles of Amendment  
to  
Articles of Incorporation  
of

(((H16000183002 3)))

Point Lake Condominium Association Three, Inc.

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

N94000005486

(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:

N/A

*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)

8901 SW 157th Avenue

Suite 16 #124

Miami, Florida 33134

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8901 SW 157th Avenue

Suite 16 #124

Miami, Florida 33134

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:

Munoz &amp; Morales P.L.

300 Sevilla Avenue Suite 301

(Florida street address)

New Registered Office Address:

Coral Gables

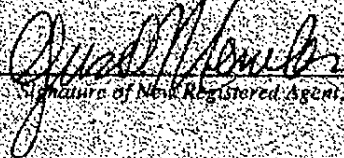
(City)

33134

Florida  
(Zip Code)

New Registered Agent's Signature, if changing Registered Agents:

*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

(((H16000183002 3)))

2016 JUL 29 AM 11:00  
FILED

(((H16000183002 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)

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	Rodrigo Ocampo	P.O. Box 961435
<input type="checkbox"/> Add			Miami, FL 33296
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	TS	Jose Ramon Moline	P.O. Box 961435
<input type="checkbox"/> Add			Miami, FL 33296
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	VP	Marta Fernandez	8901 SW 157 Ave
<input type="checkbox"/> Add			Suite 16 #124
<input type="checkbox"/> Remove			Miami, FL 33196
4) <input type="checkbox"/> Change	P	Niurka Echenique	8901 SW 157 Ave
<input checked="" type="checkbox"/> Add			Suite 16 #124
<input type="checkbox"/> Remove			Miami, FL 33196
5) <input type="checkbox"/> Change	S	Teresa Martinez	8901 SW 157 Ave
<input checked="" type="checkbox"/> Add			Suite 16 #124
<input type="checkbox"/> Remove			Miami, FL 33196
6) <input type="checkbox"/> Change	T	Gloria Arevalo	8901 SW 157 Ave
<input checked="" type="checkbox"/> Add			Suite 16 #124
<input type="checkbox"/> Remove			Miami, FL 33196

(((H16000183002 3)))

(((H16000183002 3)))

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Change address for current director Eladio Pena to 8901 SW 157 Ave Suite 16 #124, Miami, FL 33196.

Otherwise Eladio Pena continues to hold current title as director.

(((H16000183002 3)))

July 26, 2016

(((H16000183002 3)))

The date of each amendment(s) adoption: \_\_\_\_\_ if other than the date this document was signed.

July 26, 2016

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.

7/28/16

Dated

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)

Grisel Morales, Esq.

(Typed or printed name of person signing)

Attorney and Authorized Representative

(Title of person signing)

(((H16000183002 3)))