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(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SOA MOT	teo	ND/Hn.	CondoMinium
DOCUMENT NUMBER: N 95 001	00 D	4897	0550C10H
The enclosed Articles of Amendment and fee are subm	nitted for	filing.	
Please return all correspondence concerning this matte	er to the fo	llowing:	
Taresa Lia	Contact Pe	erson)	
Ferra Ossoc (Firm/	Company	hon Ma	<u>nagerien</u>
2189 W 40	S+ ddress)	# 201	
HIOLEAN FI 3	33D/(and Zip (7	
E-mail address: (to be used	for future	annual report notificati	on)
For further information concerning this matter, please	call:		
(Name of Contact Person)	at (505 <u>820 -</u> (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made page	yable to tl	ne Florida Department o	of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certific	75 Filing Fee & ed Copy is ed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	,

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

son mater	<u> </u>	COYOLO	ainium a
(Name of Corporation as curren	tly filed with the	e Florida Dept. 01 S	<u>tate</u>)
N 9500 W	04891		
(Document Numb	er of Corporation	ı (if known)	
Pursuant to the provisions of section 617.1006, Find the following amendment(s) to its Articles of Income.	orporation:		Profit Corporation adopts
A. If amending name, enter the new name of t	the corporation:		مرسية
The new name must be distinguishable and conabbreviation "Corp." or "Inc." <mark>"Company" or</mark>			corporated" or the
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>			Tropies of the second
- 	<u></u> ,		- F. 22 F. 1
	-		(F) (O)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>) _		- GREAT F.
•	-	<u> </u>	
	-		
 If amending the registered agent and/or re new registered agent and/or the new regist 			nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Floride	a street address)	
•			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered cosition.	g Registered Aga agent. I am fa	ent: miliar with and acc	ept the obligations of the
C:	anatum of Man. I	egistered Agent, if c	hanaina
ડાફ	gnature of New K	egisterea Agent, ij ci	runging

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)

<u>Address</u>

Type of Action

Title

Name

_	P_	Sterra, 150ac	201 Add Remove
		Gonzalez, Marical	72189 W W St Add Acmove Thateah +138016
۷	5_	Sierra, Yanıra	2199 W 100 St Add 201 Remove +trakan +1 33016
E	(attach a	ding or adding additional Articles, enter	change(s) here:
8		<u> </u>	199 W 60 St - REMOVE
			201, thatean +1 33010
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) 	P	orlando uribe	2189 W UOS+
_			201, Hakanfi 3=016
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} _	DD	Edna earc	· ·
	_		Harean +1 33016
} _	SD	Dreste ferno	
_			thatean fi 33010
		 - 	

The date of each amendment(s) adoption:	11-05-10
	(date of adoption is required)
Effective date if applicable:	11. DS-10
(no n	nore than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by t was/were sufficient for approval.	he members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
Dated	-10
Signature	a Mada
	or vice chairman of the board, president or other officer-if directors
	exted, by an incorporator – if in the hands of a receiver, trustee, or
other court appoin	ted fiduciary by that fiduciary)
_Da	Typed or printed name of person signing)
	Tes, les
	(Title of person signing)