3/27/2018

orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name

: CUEVAS, GARCIA & TORRES, P.A.

Account Number : I20030000123

Phone

: (305)461-9500

Fax Number

: (786)362-7127

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

Email Address: accounting a cravasion com

OR AMND/RESTATE/CORRECT OR O/D RESIGN PRAL LANDINGS TOWNHOMES ASSOCIATION, INC.

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Articles of Amendment to Articles of Incorporation of

| Doral Landings | ownhomes Association, Inc. | | | |
|-------------------------------------|--|--------------------------------|---|------------------------------------|
| | (Name of Corporation) | as current | y filed with the Florida De | pt. of State) |
| N96000001178 | | | | |
| | (Docum | ent Numbe | r of Corporation (if known) | • |
| | ovisions of section 617.1006, Flori ts Articles of Incorporation: | ida Statutes | i, this <i>Florida Not For Prof</i> i | 1 Corporation adopts the following |
| A. If amending | name, enter the new name of the | corporation | on: | |
| | | | | The new |
| name must be dis "Company" or " | ingulshable and contain the word Co." may not be used in the name | "corporati | ion" or "incorporated" or t | he abbreviation "Corp." or "Inc." |
| B. Enter new p (Principal office | incipal office address, if applical address <u>MUST BE A STREET A</u> | <u>ble:</u> <i>DDRESS</i>) | | |
| | | | | |
| | nailing address, if applicable; css MAY BE A POST OFFICE I | BOX) | | |
| (| | | | |
| | | | | |
| | the registered agent and/or regi | | | the name of the |
| new register | nd agent and/or the new register | | | |
| | Name of New Registered Agent: | Cuevas, C | Garcia & Torres, P.A. | <u> </u> |
| | | 7300 Nor | th Kendall Drive, Suite 680 | |
| 17. | New Registered Office Address: | | (Florida : | trees address) |
| | New Registered Office Auth Cip. | Miami | | 33156 |
| | | | (City) | , Florida (Zip Code) |
| | | | , ,, | (|
| New Registered I hereby accept | d Agent's Signature, if changing the appointment as registered agen | Registered nt. Lam fa | <u>Agent:</u> miliar with and accept the o | bligations of the position. |
| | | | Aca | |
| | | S | Signature of New Registered | Agent, if changing |
| | 1 | | $\bigvee_{i} V_{i}$ | |

| address of each Office (Attach additional she Please note the office P = President: V= Vi | cer and/or Director bets, if necessary) r/director title by the j ce President; T= Tree FO = Chief Financial | oeing added: first letter of the office title: asurer; S= Secretary; D= Director; T Officer, If an officer/director holds t | officer/director being removed and title, name, and IR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office |
|---|---|--|---|
| Changes should se no a change, Mike Jones Mike Jones, V as Ren | leaves the corporation | on, Sally Smith is named the V and S . | l as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change, |
| Example: X Change X Remove X Add | PT John E V Mike I SV Sally S | ones | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| l)Change | D | Roxanna Delgado | 1430 NW 15 AVE |
| X Add | | | Miami, FL 33125 |
| Remov | | | |
| 2)Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| ර)Change | | | |
| Add | | | |
| Remove | | Page 2 of 4 | |

ge 2 of 4

| E. If amending or | adding additional Arti | cles, enter change(s) | <u>) here</u> : | | | | |
|-------------------|---|-----------------------|-----------------|-------------|------------|-------------|---|
| (attach addition | adding additional Arti al sheets, if necessary). | (Be specific) | | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|-------------------------------|
| ate this document was signed. | |
| Effective date it 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 delocument's effective date on the Department of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendments was/were sufficient for approval. | nent(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/adopted by the board of directors. | were |
| Dated | |
| Signature a. | |
| (By the chairman or vice chairman of the board, president or other officer-if dir have not been selected, by an incorporator – if in the hands of a receiver, truste other court appointed fiduciary by that fiduciary) | |
| Diego Pirogovsky | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of parent ginning) | |