

N960000001790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

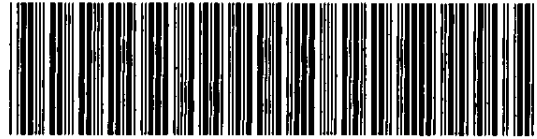
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000139162340

WD8000057093

12/22/08--01004--013 \*\*35.00

*Name Change  
Amend*

2009 FEB 24 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*\*00189, 00572, 02209, 00671 ASR 2/25/09*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2008

Kathleen Rothenberg  
334 Washington Ave #8  
Miami Beach, FL 33139

SUBJECT: OCEAN BREEZE CONDOMINIUM, INC.  
Ref. Number: N96000001790

We have received your document for OCEAN BREEZE CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The total amount due to reinstate is \$481.25.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 908A00061995

RECEIVED  
2009 FEB 24 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** OCEAN BREEZE CONDOMINIUM OF SOUTH BEACH, INC

**DOCUMENT NUMBER:** N96000001790

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

Please return all correspondence concerning this matter to the following:

KATHLEEN ROTHENBERG  
(Name of Contact Person)

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

334 WASHINGTON AVE # 8  
(Address)

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

For further information concerning this matter, please call:

DONNA BRAGASSA at (305) 582 0147  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2009 FEB 24 AM 10:49

Ocean Breeze Condominium, Inc.  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Dept. of State

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

N9600001790

(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:**

OCEAN BREEZE CONDOMINIUM OF SOUTH BEACH, INC

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

(Florida street address)

\_\_\_\_\_

\_\_\_\_\_, Florida  
(City) (Zip Code)

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

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

The date of each amendment(s) adoption: December 15, 2008

Effective date if applicable: December 15, 2008  
(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(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.

Dated Dec 15, 2008

Signature Donna Jean Bragassa  
(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)

DONNA JEAN BRAGASSA  
(Typed or printed name of person signing)

President  
(Title of person signing)