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Division of Corporations

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(((H210004725113)))



H210004725113ABCX

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone

: (214)317-4754 Fax Number

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

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CROWNGATE VILLAS CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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To: 18506176380 From: 12147128131 Date: 02/01/22 Time: 11:19 PM Page: 02/06
To: 12143174754 From: Anonymous Date: 01/04/22 Time: 2:40 PM Page: 01
850-617-6381 1/4/2022 9:40:20 AM PAGE 1/001 Fax Server

January 4, 2022

FLORIDA DEPARTMENT OF STATE

CROWNGATE VILLAS CONDOMINIUM ASSOCIATION, INC. 1270 W 42 ST 102 HIALEAH, FL 33012

SUBJECT: CROWNGATE VILLAS CONDOMINIUM ASSOCIATION, INC.

REF: N97000004834

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Valerie Herring FAX Aud. #: H21000472511 Regulatory Specialist III Letter Number: 722A00000134 To: 18506176380 From: 12147128131 Date: 02/01/22 Time: 11:19 PM Page: 03/06

(((H21000472511 3)))

Articles of Amendment to

Articles of Incorporation

of

ame of Corporation as currently filed with the F	Torida Dept.	of State)		
K9700004834				
(Documer	nt Number of	Corporation (if k	nown)	
ursuant to the provisions of section 617.1006, Florid mendment(s) to its Articles of Incorporation:	da Statutes, th	nis Florida Not Fo	er Profit Corporation adopts	s the following
. If amending name, enter the new name of the c	corporation:			
				The new
ame must be distinguishable and contain the word ' Company" or "Co." may not be used in the name.	"corporation	" or "incorporated	I" or the abbreviation "Cor	p." or "Inc."
3. Enter new principal office address, if applicab	ole: 12	70 W 42ND ST #2	204	
(Principal office address MUST BE A STREET ADDI		IALEAH, FL 3301	2	
			_	- 15 E
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
				
	_			t the
D. If amending the registered agent and/or regist new registered agent and/or the new registere			, enter the name of the	:26
Name of New Registered Agent:	Eduardo Roc	triguez		
	1270 W 42N	D ST #204		
New Registered Office Address:		(F	lorida street address)	
	HIALEAH		, Florida	112
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered As s. I am famil	ent: lar with and accep	the obligations of the positi	ion.
		P	Mauri	
-	Sign	ature of New Regis	tered Agent, if changing	

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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 he noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corporation	n, Sally Smith is named the V and S. These sh	ST and Mike Jones is listed as the V. There is sould be noted as John Doe-PT as a Change,
Example: X.Change X. Remove X. Add	PT John Do V Mike Jo SV Sally St	nes	Address 25
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address S
1) Change Add × Remove	<u>P</u>	Rodriguez, Marisa	1270 W 42ND ST. #201 HIALEAH, FL 33012
2) × Change Add	<u>P</u>	Rodriguez, Eduardo	1270 W 42ND ST #204 HIALEAH, FL 33012
Remove 3) Change x Add Remove	<u>s</u>	Pirez, Yvonne	1270 W 42ND ST #203 HIALEAH, FL 33012
4) X Change Add	<u>T</u>	Diaz-Sainz, Rolando	1270 W 42ND ST #101 HIALEAH, FL 33012
Change Add	<u>s</u>	Rodriguez, Rafael	1270 W 42 ST UNIT 202 HIALEAH, FL 33012
X Remove 6) Change Add			
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	

(((H21000472511 3))) _____, if other than the The date of each amendment(s) adoption: ____ date this document was signed. 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. (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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		(((
There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated _	01-31-2022	
Signature_	Ell as	
Di	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	-
	Eduardo Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	