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SECRUTARY OF STATE ALLAHASSEE, FLORIDA

/PR 0 5 2017
T. LEMIEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

TO NAME OF CORPORATION:	wo Tequesta Point Con	dominium Associa	ntion	
	00006681			
DOCUMENT NUMBER:				<del></del>
The enclosed Articles of Amendme	nt and fee are submitte	d for filing.		
Please return all correspondence co	ncerning this matter to	the following:		
Monica Velasco				
<del>-</del>	(Na	me of Contact Per.	son)	
Two Tequesta Point Condominium	Association			
		(Firm/ Company)		
808 Brickell Key Drive Suite 503				
		(Address)		
Miami, Florida, 33131				
	(Cit	y/ State and Zip C	ode)	
mgr@twotcquesta.com				
E-mail a	ddress: (to be used for	future annual repo	rt notification	
For further information concerning	this matter, please call:			
Monica Velasco		at	305	7559565
(Name	of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	ig amount made payabl	e to the Florida De	partment of S	tate:
	(/	43.75 Filing Fee & ertified Copy Additional copy is nclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy onal Copy is sed)
Mailing Address		Stre	et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

## Articles of Incorporation

Two Teguesta Po	int Conformir	ium Association
(Name of Corporation	as currently filed with the Flo	orida Dept. of State)
$\mathcal{N}^{\alpha}$	78000006681	
(Docu	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		The new
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if applica	ıble:	
(Principal office address <u>MUST BE A STREET A</u>		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<b>BOX</b> ) N/A	
<ul> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ul>		a, enter the name of the
	N/A	
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address		and the same transfer of the s
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing l	Registered Agent:	
I hereby accept the appointment as registered ager		ot the obligations of the position.
		20 TAL
-		
	Signature of New Regi	stered Agent, if configure =
		ASSET A
	Page 1 of 4	
	1 450 1 01 4	53
		(R)

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: X_Change X_Remove X_Add	<u>V</u> <u>Mil</u>	n <u>Doc</u> ke <u>Jones</u> k <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	Marcelo Pal	808 Brickell Key Drive #3005
Add			Miami, Fl 33131
X Remove			
2) Change	T	Francisco Tarrazzi	808 Brickell Key Drive #1504
X Add			Miami, Fl 33131
Remove			
3)Change	<del></del>	<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A	
	<u>_</u>
· · · · · · · · · · · · · · · · · · ·	
	_

The date of each amendment(s) adop	tion:	_, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		·
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block locument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not tment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 03/22/2017		
	n or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or	_
	ointed fiduciary by that fiduciary)	
Timothy Cz	erniec	
	(Typed or printed name of person signing)	
President, B	oard of Directors	
	(Title of person signing)	