N98000006965

(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



800293028018

S. TALLENT JAN 18 2017

01/09/17--01013--004 **35.00

Snevel

THE SECURITY OF STATE SECURITY OF STATE SECURITY OF STATE OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ASA REAL CONDO	MIMIUM ASSOCI	ATION	
	0006965			
The enclosed Articles of Amendme	ent and fee are submit	tted for filing.		
Please return all correspondence co	ncerning this matter t	to the following:		
Christina Sanabria				
	(1)	Name of Contact Per	rson)	
Optimus Property Management				
		(Firm/ Company)		
1275 West 47 Place Suite 310				
	 	(Address)	,	
Hialeah FL 33012			,	
	(C	City/ State and Zip C	ode)	
christy_opm1@outlook.com	nristy_opm1@outlook.com			i
E-mail a	address: (to be used for	or future annual repo	ort notification)
For further information concerning	this matter, please ca	11.		
Christy			305	82662480
(Name	of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following	ng amount made paya	ble to the Florida D	epartment of S	tate:
		\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Addres	8	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 to Articles of Incorporation of

Casa Real Condominanti Association, me				
(Name of Corporation as current	y filed with the Florid	la Dept. of State)		•
n98000006965				
(Document Number	r of Corporation (if kno	wn)		
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation		Profit Corporation ad	lopts the fol	llowing
	_		T	ha naw
name must be distinguishable and contain the word "corporation" and "Corporation" or "Co." may not be used in the name.	on" or "incorporated"	or the abbreviation '		he new "Inc."
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			2 5	
,	·		22111	
<u>.</u>				
C. Enter now malling address if applicable.			62 C.	ပ
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				긒
-			[2] J	فت
-			<u>- 81</u>	9
		.3	112	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:		nter the name of the		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Flori	ida street address)		
		, Florida		
	(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent:	e obligations of the n	agition	
i nereby accept the appointment as registered agent. I am Jam	mar win and docopy in	vy ine p	odinon.	
Cia	nature of New Register	and Agant if abanaina		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and faddress of each Officer and/or Director being added:

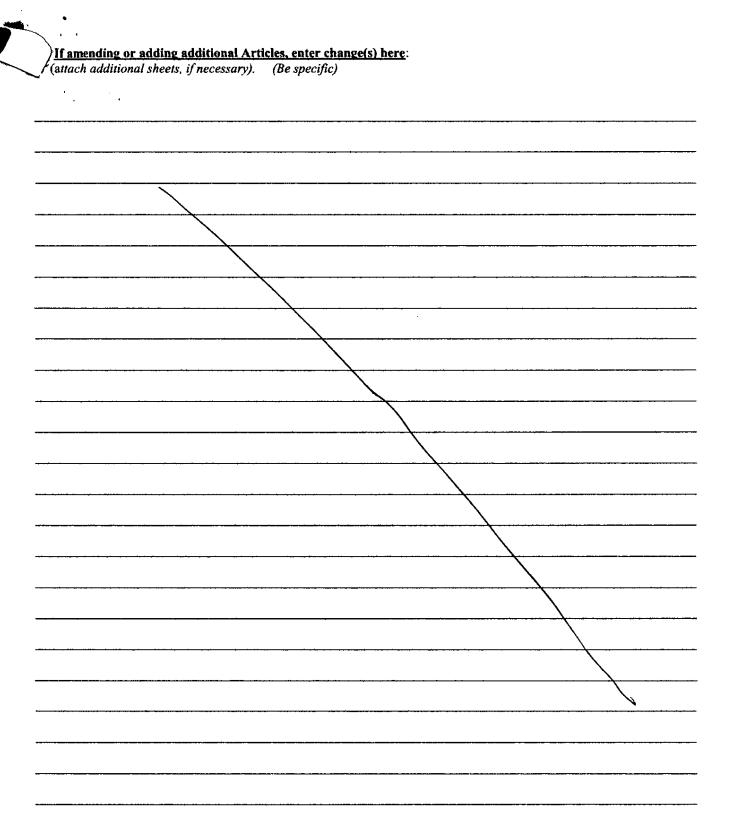
(Attach additional sheets, if necessary)

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 <math>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	PT John Do Y Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	Maritza Montejo	1275 W 47 Place # 310
X Add			Hialeah FL 33012
Remove			
2) Change	D	Silvestre Toledo	1275 W 47 Place #310
X Add			Hialeah FL 33012
Remove			
3) Change		December 1 to the second of th	**************************************
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	wassan		
Add			
Remove			
6) Change			
Add			
Remove			



• • •	12-15-2016	
The date of each amendment(s) a		, if other than the
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 blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or mem adopted by the board of direct	obers entitled to vote on the amendment(s). The amendment(s) was were tors.	
Dated	/1/2 H-17	
Signature	Mu	
	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or	
	appointed fiduciary by that fiduciary)	
	REMÉ HERRENES	
	(Typed or printed name of person signing)	
	(NESIDENT	
	(Title of person signing)	