N9900003752

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION		DRAL CONDOMINIU	M NO.8 AS	SOCIATION, INC
	N99000003752			
DOCUMENT NUMBER:				the sale and a sale and a sale along a sale and a sale
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
DELIA ARCELUS				
	(Name of Contact Perso	n)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
DORAL MANAGEMENT				
		(Firm/ Company)		
10705 NW 33 STREET SUI	ITE 100			
		(Address)		
DORAL FL 33172				
	(City/ State and Zip Cod	e)	
info@doralmanagement.com	n			
E	-mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please o	eall:		
DELIA ARCELUS		30 at	5	5918715
	(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	artment of S	State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee scate of Status sed Copy stonal Copy is used)
Mailing A	Address	Street	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



January 13, 2017

DELIA ARCELUS 10705 NW 33 ST., STE 100 DORAL, FL 33172

SUBJECT: LAS BRISAS AT DORAL CONDOMINIUM NO. 8 ASSOCIATION,

INC.

Ref. Number: N9900003752

We have received your document for LAS BRISAS AT DORAL CONDOMINIUM NO. 8 ASSOCIATION, 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Letter Number: 617A00000820

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

LAS BRISAS AT DORAL CONDOMINIUM NO.8 ASSOCIATION, INC

(Name of Corporation	as current	tly filed with the Florida Dept. of State)
N99000003752		
(Docume	ent Numbe	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statute	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	<u>corporati</u>	on:
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable		10705 NW 33 ST SUITE 100
(Principal office address <u>MUST BE A STREET AL</u>		DORAL FL 33172
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10705 NW 33 ST SUITE 100
		DORAL FL 33172
D. If amending the registered agent and/or regist new registered agent and/or the new registere		
		MANAGEMENT COMPANY
	10705 NV	V 33 ST SUITE 100
New Registered Office Address:		(Florida street address)
	DORAL	. Florida 33172
		(City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	. I am fai	miliar with and accept the obligations of the position.
	Si	ignature of New Registered Agent, if changing

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>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	SANCHEZ, EDGARDO	10705 NW 33 ST
, 8dd			SUITE 100
Remove			DORAL, FL 33172
2) X Change	ST	WATTS, WILLIAM A	10705 NW 33 ST
Add			SUITE 100
Remove			DORAL, FL 33172
3) X Change	P	MARTELLY, RALPH	10705 NW 33 ST
Add			SUITE 100
Remove			DORAL, FL 33172
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			,
5) Change			
Add			
Remove	,		
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u>	icles, enter change(s) here:
E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	
	-

		1/26/2017	
	date of each amendment(s) adoption this document was signed.	on:	, if other than the
Dec	1/26/201	,	
Em	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block dument's effective date on the Departr	oes not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Ade	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopto was/were sufficient for approval.	d by the members and the number of votes cast for the	e amendment(s)
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendmen	it(s) was/were
	have not been se	or vice chairman of the board, president or other officelected, by an incorporator – if in the hands of a receive inted fiduciary by that fiduciary)	
	<u>. W</u>	(Typed or printed name of person signing) SEC / TRES (Fills of person signing)	