

N99000003752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

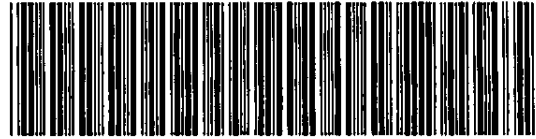
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000293876360

01/12/17--01006--005 **35.00

FILED
2017 FEB - 2 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ann Miller

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAS BRISAS AT DORAL CONDOMINIUM NO.8 ASSOCIATION, INC

DOCUMENT NUMBER: N99000003752

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

Please return all correspondence concerning this matter to the following:

DELIA ARCELUS
(Name of Contact Person)

DORAL MANAGEMENT
(Firm/ Company)

10705 NW 33 STREET SUITE 100
(Address)

DORAL FL 33172
(City/ State and Zip Code)

info@doralmanagement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELIA ARCELUS at 305 5918715
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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: N99000003752

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 617A00000820

Articles of Amendment
to
Articles of Incorporation
of

LAS BRISAS AT DORAL CONDOMINIUM NO.8 ASSOCIATION, INC

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

N99000003752

(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:

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incorporated" or "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)

10705 NW 33 ST SUITE 100

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 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:

DORAL MANAGEMENT *Company*

10705 NW 33 ST SUITE 100

(Florida street address)

New Registered Office Address:

DORAL

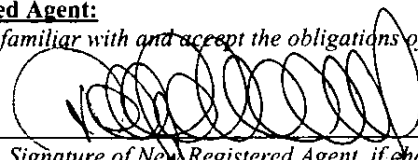
(City)

Florida 33172

(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

FILED
FEB - 2 14 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/26/2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

1/26/2017

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.

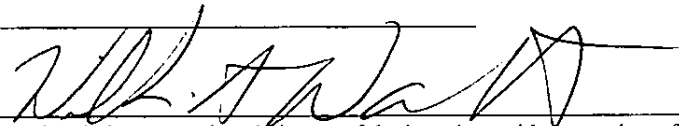
Adoption of Amendment(s) (CHECK ONE)

- 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.

1/26/2017

Dated _____

Signature _____



(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)

William A. Watts

(Typed or printed name of person signing)

SEC/TRES.

(Title of person signing)