

N99000003920

(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



500280744875

01/29/16--01020--008 \*\*35.00

2016 JAN 29 AM 6:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FEB 03 2016

C. CARROTHERS



Sent By Overnight

January 26, 2016

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: **Bent Tree Commercial Park I Condominium Association, Inc.**

To whom it may concern,

Please see our attached revisions for the above referenced Incorporation as well as a \$35.00 fee for processing.

If you have any questions regarding this matter, feel free to contact me at (786) 525-6950 or [mherkert@theeastongroup.com](mailto:mherkert@theeastongroup.com). Thank you and we appreciate your business.

Sincerely,

Melissa Herkert  
Property Manager, Easton Management  
On Behalf of Bent Tree Commercial Park II Condominium Association, Inc.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Bent Tree Commercial Park I Condominium Association, Inc.

**DOCUMENT NUMBER:** N99000003920

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

Please return all correspondence concerning this matter to the following:

Edward J. Easton

(Name of Contact Person)

Easton & Associates

(Firm/ Company)

10165 NW 19th Street

(Address)

Miami, FL 33172

(City/ State and Zip Code)

ejeaston@theeastongroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lenette Trivett

786-437-5806

(Name of Contact Person)

at (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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

Bent Tree Commercial Park I Condominium Association, Inc.

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

N99000003920

(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:**

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

10165 NW 19th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33172

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

10165 NW 19th Street

Miami, 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:

Edward J. Easton

10165 NW 19th Street

(Florida street address)

New Registered Office Address:

Miami

(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

2016 JAN 29 AM 6:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Antonio Mattia</u>	<u>13000 SW 133rd Court</u>
<input type="checkbox"/> Add			<u>Miami, FL 33186</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>Jose Sordia</u>	<u>13000 SW 133rd Court</u>
<input type="checkbox"/> Add			<u>Miami, FL 33186</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Edward J. Easton</u>	<u>10165 NW 19th Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33172</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Ronald Simkins</u>	<u>10165 NW 19th Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33172</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Lisa Kavanagh</u>	<u>10165 NW 19th Street</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33172</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

N/A

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


Effective date if applicable: N/A  
(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.

Dated 1/26/2014

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)

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)