## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Doing so will g	enerate another cover sheet.	هٔ خزان چیژ آخسید در دس زندگششر سنددد
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To:			
	Division of Cor	rporations	11.1 ·
	Fax Number	: (850)617-6380	,
From:			
	Account Name	: MURAI, WALD, BIONDO, MORENO, P.	.A. ^
	Account Number	: 076150002103	
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: JGrobe my & MiWbm. Com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN HERON POND APARTMENTS, INC.

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Electronic Filing Menu

Corporate Filing Menu

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08/21/14

8/19/2014

From:



August 20, 2014

## FLORIDA DEPARTMENT OF STATE Division of Corporations

HERON POND APARTMENTS, INC. 2950 SW 27TH AVE SUITE 200 COCONUT GROVE, FL 33133

SUBJECT: HERON POND APARTMENTS, INC.

REF: P00000046241

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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.

Darlene Connell Regulatory Specialist III FAX Aud. #: H14000195681 Letter Number: 214A00017910

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From:

Fax Audit No: H14000195681 3

Articles of Amendment to Articles of Incorporation of

HERON POND APARTMENTS,	, INC.					
(Name of Corporation as currently fi	iled with the Flor	ida Dept. of Stat	<u>ę</u> )			
P00000046241						
(Document Number of	Corporation (if k	nown)	<del></del>	<del></del>		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Flo</i>	orida Profit Corpo	pration adopts	the following s	mendment	t(s) to
A. If amending name, enter the new name of the co	orporation:					
					he new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered." "professional association," or the B. Enter new principal office address, if applicable	," "Inc," or "Co abbreviation "P.)	". A professiona	"incorporated l corporation	" or the abbi	reviation stain the	
(Principal office address MUST BE A STREET ADD	DRESS)			<del></del>		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OPPICE BO						
D. If amending the registered agent and/or register new registered agent and/or the new registered.	ced office address office address;	in Florida, enter	the name of	he		
Name of New Registered Agent			<del></del>	7	7	
					:i ::: ≥=	•
	(Florida street	address)			्रं क्र	1
New Registered Office Address:	4011		, Florida		20	<u> </u>
	(Cuy)		{2	ip Code)		ED
New Registered Agent's Signature, if changing Regi	istered Agent:				جب آ	
I hereby accept the appointment as registered agent.	I am familiar with	and accept the ol	bligations of th	e position.	· 5	
Signature of Ne	w Registered Age	nt, if changing				

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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 Y. 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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Lloyd Boggio	2937 S.W. 27TH AVE
Add			STE. 303
Remove			Coconut Grove, FL 33133
2) Change	D	Bruce Greer	2950 SW 27TH AVENUE
Add			SUITE #200
Remove			Coconut Grove, FL 33133
3) Change	D	Luis Gonzalez	2950 SW 27TH AVENUE
Add			SUITE #200
Remove			Coconut Grove, FL 33133
4) Change	PSD	Matthew Greer	2950 SW 27TH AVENUE
Add			SUITE #200
Remove			Coconut Grove, FL 33133
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	adding additional Ar al sheets, if necessary)	. (Be specific)			
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атецеписи	t provides for an excl aplementing the ame	hange, reclassific endment if not co	ation, or cance outsined in the s	lation of issued s mendment itself:	hares.
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Fax Audit No: H14000195681 3

The date of each amendment() date this document was signed.	s) adoption: August 15", 2014	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated Augu	st 15,2×14	
Signature		
selec	a director, president or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Matthew Greer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	