P09000058071

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT. MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS
12 APR -3 PH 3: 83

AMUMA 104,3,12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WINDSOR PARK 10E CORP DOCUMENT NUMBER: P09000058071
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT S. STEINBERG, ESQUIRE
Name of Contact Person ROBERT S. STEINBERG P.A.
Firm/ Company 15715 S DIXIE HWY, SUITE 226
PALMETTO BAY, FL 33157
City/ State and Zip Code
RSS@STEINBERGTAXLAW.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERT S. STEINBERG
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:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



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

P09000058071

nendment(s) to

(Docume	nt Number of Corporation (i	known)		
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporal	tion adopts the following	; amendm
A. If amending name, enter the new name, enter the name, enter	ame of the corporation:			The nev
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional c		breviation
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		15715 S DIXIE HWY		
		SUITE 226		
		PALMETTO I	BAY, FL 33157	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 25323		
		CCS 400280		
		MIAMI, FL 33102		
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addr w registered office address	ess in Florida, enter th	e name of the	
Name of New Registered Agent	DODEDT C CTE			
,	15715 S DIXIE	HWY, SUITE 2	226	
	(Florida stre			
New Registered Office Address:	PALMETTO BAY		orida 33157	
	(City)	,	(Zip Code)	
	,			
New Registered Agent's Signature, if c				٠
hereby accept the appointment as regist	eredfagdht/ji am familiar v DN N	ith and accept the oblig	rations of the position.	
Sij	Endure of New Registered A	gent, 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
	٠	•	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D, V	VERONICA MACHADO	PO BOX 25323
X Add Remove			CCS 400280 MIAMI, FL 33102
2) Change Add		N/A	
Remove			
3) Change Add		N/A	
Remove			
4) Change Add		N/A	
Remove			
5) Change		N/A	
Add	<u></u>		· · · · · · · · · · · · · · · · · · ·
Remove		•	
6) Change		N/A	
Add	•		
Remove			

(attach additt	or adding addition ional sheets, if necessity	essary). · (I	s, enter chan Be specific)	ge(s) here:			
V/A							******
						, 	
					,		
	,						
					•		
<u>provisions f</u>	ment provides for implementing pplicable, indicate	the amendm	e, reclassific ent if not co	ation, or cand	ellation of is	ssued shares, t itself:	
· · · · · · · · · · · · · · · · · · ·							

The date of each amendment(s)	adoption: MARCH 30, 2012
	MARCH 30, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
_{by} <u>N/A</u>	"
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated MAR	CH 30, 2012
(By a selec	director, president or other officery if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ALFONSO M VASQUEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)