

AUG/20/2012/MON 8:44:58 PM
Division of Corporations

FAX No.

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SHADOWWOOD SQUARE, INC.**

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Amend 8-21-12

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850-617-6381

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Fax Server



August 20, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHADOWWOOD SQUARE, INC.
2400 S. DIXIE HWY.
MIAMI, FL 33133

SUBJECT: SHADOWWOOD SQUARE, INC.
REF: P94000044580

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.

Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: H12000208351
Letter Number: 212A00021379

2012 AUG 20 AM 9:01

TO ACHIEVE
SUFFICIENCY OF FILING

R. 003
 FILED
 Fax Audit No: H120002083513
 2812 AUG 20 AM 10:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Articles of Amendment
 to
 Articles of Incorporation
 of

SHADOWWOOD SQUARE, INC.

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

P94000044580

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
 (Principal office address MUST BE A STREET ADDRESS)

5900 SW 97 STREET

SUITE 1000

MIAMI, FL 33156

C. Enter new mailing address, if applicable:
 (Mailing address MAY BE A POST OFFICE BOX)

5900 SW 97 STREET

SUITE 1000

MIAMI, FL 33156

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 EVELYN LANGLIEB GREER
 5900 SW 97 STREET, SUITE 1000
 (Florida street address)

New Registered Office Address: MIAMI, Florida 33156
 (City) (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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>Evelyn L. Greer</u>	<u>2400 S. Dixie Highway #200</u>
<input type="checkbox"/> Add			<u>Miami, FL 33133</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P / D</u>	<u>Evelyn Langlieb Greer</u>	<u>5900 SW 97 Street</u>
<input checked="" type="checkbox"/> Add			<u>Suite 1000</u>
<input type="checkbox"/> Remove			<u>Miami, FL 33156</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: August 20, 2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*
- "The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)
- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated August 20, 2012

Signature Evelyn Langlieb Greer
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EVELYN LANGLIEB GREER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)