## 710349

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<del> </del>	(Business Entity Name)			
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JUL 1 0 2014 C. CARROTHERS

## COVER LETTER

TO: Amendment Section Division of Corporations

The Riviera Condomii	nium Apartments Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matter	-
, <u>-</u>	to the following.
Frank Blohm	
	Name of Contact Person)
PCS Inc	
	(Firm/ Company)
7400 Wiles Rd, Ste 102	
	(Address)
Coral Springs FL 33067	
(	City/ State and Zip Code)
ardycejanc@gmail.com	
E-mail address: (to be used it	or future annual report notification)
For further information concerning this matter, please c	all:
Frank Blohm	954 753-8110 at
(Name of Contact Person)	<del></del>
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & E Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee
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

The Riviera Condominium Apartments Inc.				_
(Name of Corporation as current	ly filed with the	Florida Dept. of State)		_
710349				
(Document Number	er of Corporation	(if known)		•
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:		of For Profit Corporation adopts the	following	g
A. If amending name, enter the new name of the corporati	<u>on:</u>			
			The new	
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" Or "incorpo	rated" or the abbreviation "Corp." c	r "Inc."	'
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )				-
			<b>→</b> (/)	- 201
				_5_
C. Enter new mailing address, if applicable:			500 m	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			(V)	-6
			.J.C	- 7
				ر: د
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	ee address in Flo ddress:	rida, enter the name of the	<u>्</u> रम	_
Name of New Registered Agent:			<del></del>	_
		(Florida street address)		-
New Registered Office Address.		<b>,</b>		
		, Florida		
	(City)	(Zip Code)		_
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am ta		ccept the obligations of the position.		
	ignature of New I	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 X Cha X Rem X Add	nge nove	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of (Check	Action One)	<u>Title</u>	<u>Name</u>	Address
1)	_Change	BOD	Aletse Mellado	1000 NE 191 St
	_ Add			Apt F-15
<u>x</u>	_ Remove			Miami FL 33179
2)	_ Change			
	_ Add			
•	_ Remove			
3)	_ Change			
	_ Add			
	_ Remove			
4)	_Change			
	_ Add			
	Remove			
5)	_Change			
	_ Add			
	_ Remove			
•	Chaus			•
o)	_ Change	-		
-	_ Add			
	Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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•					
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<u> </u>		<u>,</u>			
		40.			
	<u> </u>		<del></del>		

	e date of each amendment(s) adoption:, if off e this document was signed.	her than 1
	ective date <u>if applicable</u> :	
LIIG	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.	l as the
Ado	option 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 5/13/15	
	Signature Legen (mandal	
	(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)	
	Lester K movdel (Typed or printed name of person signing)	
	( typed or printed name of person signing)	
	President of Boxes of Directors Riviera Bustinian	
	U(Title of person signing)	