762223

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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

THE GOLFVIEW ON THE GOLFVIEW O	CLUB AT FONTAINEBLEAU PARK, CONDOMINIUM #4; NC +
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
FERNANDO GARROTE	
	(Name of Contact Person)
GABLES PROFESSIONAL MANAGEMENT	
	(Firm/ Company)
3934 SW 8TH STREET, #303	
	(Address)
CORAL GABLES, FL. 33134	
	(City/ State and Zip Code)
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	·
FERNANDO GARROTE	305 441-0904 at
(Name of Contact Perso	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\int_{\text{S}}\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Amendment Section Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

THE GOLFVIEW CLUB AT FONTAINEBLEAU PARK, CONDOMINIUM #4, INC.

(Name of Corporation as curren	tly filed with the Florid	a Dept. of State)	
762223			
(Document Numb	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Florida Statuto imendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i> .	Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corporat	ion:		
			he new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated"	or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))		
		7019	
		2 1	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1	
		-	
			-
			, .
D. If amending the registered agent and/or registered offi	ce address in Florida, e	nter the name of the	Ŋ
new registered agent and/or the new registered office a			
Name of New Registered Agent:			
	(Flor	ida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
l hereby accept the appointment as registered agent. I am fa		ne obligations of the position.	
S	lignature of New Register	red 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 Change X Remove X Add	PT John D V Mike John S SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	<u>S</u>	CRUZ, YFRAIN	3934 SW 8 STREET, #303
Add			CORAL GABLES, FL. 33134
Remove			
2) X Change	Т	FERNANDEZ, HECTOR	3934 SW 8 STREET, #303
Add			CORAL GABLES, FL. 33134
Remove			
3) Change	D	DEL VALLE, ELOY	3934 SW 8 STREET, #303
X Add			CORAL GABLES, FL. 33134
Remove			
4) Change	D	PINO, CLOTILDE	3934 SW 8 STREET, #303
X Add			CORAL GABLES, FL. 33134
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter char (Be specific)			
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The	date of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	not be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 07/24/2019	
	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)	
	ABRAHAM HOCH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	