N0500007936

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	T AVENTURA EAST CONDOMINIUM ASSOCIATION, INC.
N05000007936 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
DYLAN GOUBIN	
	(Name of Contact Person)
VENTURE AT AVENTURA EAST CONDOM	MINIUM ASSOCIATION, INC.
The second secon	(Firm/ Company)
18800 NE 29TH AVE #1200	
	(Address)
AVENTURA, FL 33180	
1100	(City/ State and Zip Code)
manager@ventureataventura.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	please call:
DYAN GOUBIN	305 335-7575 at
(Name of Contact I	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing F Certificate of S	Fee & \$\subseteq\$
Mailing Address	Street Address

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 of

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
N05000007936	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:
N0	There
name must he distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inco
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>
	**
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi-	ice address:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I am	ered Agent: m 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>D</u>	DRIMMER, MITCHELL	18800 NE 29TH AVE
Add			#812
Remove			AVENTURA, FL 33180
2) X Change	VP & S	WEDAD, ANDERSON	18800 NE 29TH AVE
Add			#721
Remove			AVENTURA, FL 33180
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			***************************************
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A (attach additional sheets, if necessary,). (Be specific)				
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	n swigner.				
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		02/07/2017	
	date of each ame this document was		, if other than the
aate	mis doedinem was	s signed.	
Effe	ctive date <u>if appli</u>	icable:	
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not be late on the Department of State's records.	listed as the
Ado	ption of Amendm	nent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient	s) was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	02/08/2017	
		Min	
	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)	
		MELVYN BERMAN	
		(Typed or printed name of person signing)	
		PRESIDENT	
	/	(Title of person signing)	