N050000/2243

(Red	questor's Name)	
(Add	Iress)	
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Amend Thewis 12-29-11

COVER LETTER

TO: Amendment Section Division of Corporations

9	
NAME OF CORPORATION: CORAL WAY GAR	DENS CONDOMINIUM ASSOCIATION, INC
DOCUMENT NUMBER: N05000122	63
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Pedro Garcia	•
· (Na	ume of Contact Person)
Affinity Management Serv	ices
	(Firm/ Company)
1430 NW 15 AVE	
	(Address)
Miami, FL 33125	
(Cit	y/ State and Zip Code)
ng@affinitymanage	mentservices.com
	future annual report notification)
For further information concerning this matter, please call	
Natasha Garcia	at (305) 325-4243 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$\$ Certificate of Status Certified C enclosed)	
	enclosed)
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

CORAL WAY GARDENS CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N05000012263		
(Document Number of Corp.	oration (if known)	
ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation	n adopts the following
. If amending name, enter the new name of the corporate	ation:	
		The new
name must be distinguishable and contain the word "corpore of the contain the word" (corpore of the contain the co	ration" or "incorporated" or the abbreviate	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>S</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		M DEC 27 FM
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		the
New Registered Office Address:	(Florida street address)	
	, Florida	
(City	y) (Zip Code)	1
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j		the position.
Signature of New Reg	istered Agent, if changing	

Page 1 of 4

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.

X Change	PT	John D	oe	
X Remove	<u>v</u>	Mike J	ones .	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	D	_	Anabella Constantino	1430 NW 15 Ave Miami, FL 33125
2) Change Add Remove	D	_	Victor Ulloa	1430 NW 15 Ave Miami, FL 33125
3) Change Add Remove		-		
4) Change Add Remove		_		
5) Change Add Remove				
6) Change Add Remove		_		

If amending or adding additional Arti attach additional sheets, if necessary)	(Be specific)			•
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				·

I h	e date of each amendment(s) adoption:	
Eff	ective date <u>if applicable</u> :	11/28/2011	
		(no more than 90 days after amendment file date)	
		· ·	1
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s proval.)
	There are no members or radopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	12/2	20/2011	
	Dated 12/2	0	
	Signature	ALBULA CONTO	
	(By/the	chairman or vice chairman of the board, president or other officer-if directors	
		ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
		rbara Corvo	
		(Typed or printed name of person signing)	
		Treasure	
		(Title of person signing),	