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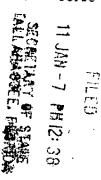
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] PICK-UP	☐ WAIT	MAIL
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AMEND 1



November 18, 2010

MICHELLE RUIZ CASTLE GROUP PO BOX 559009 FT. LAUDERDALE, FL 33355

SUBJECT: THE ATRIUM AT AVENTURA CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000008960

We have received your document for THE ATRIUM AT AVENTURA CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$10.00. However, your check(s) and document are being returned for the following:

THE ENTIRE FORM FOR THE AMENDMENT OF THE ABOVE CORPORATION MUST BE SUBMITTED. ONLY ONE PAGE OF THE CORRECT FORM WAS RECEIVED. ENCLOSED IS ANOTHER BLANK FORM.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 910A00027100

Karen Gibson Document Specialist Supervisor

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2010

MICHELLE RUIZ CASTLE GROUP PO BOX 559009 FT. LAUDERDALE, FL 33355

SUBJECT: THE ATRIUM AT AVENTURA CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N06000008960

We have received your document for THE ATRIUM AT AVENTURA CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 110A00024936

COVER LETTER

TO: Amendment Section
Division of Corporations

-d

NAME OF CORPORATION: The Atrium	Lat Aventura Con	dominium	ASSOC. Inc.
DOCUMENT NUMBER: NO 60000	8960		
The enclosed Articles of Amendment and fee are submit	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Property Man (Name of Co	ONE (Ontact Person)		
Atrium at Ave	entura Company)		
3131 NE 188th (Ad	Street dress)		
Aventura, FL 3 (City/ State a	33180 and Zip Code)	·	1 N
Mruiz@castled E-mail address: (to be used f	YOUP COM	on) .	
For further information concerning this matter, please c	all:		
Property Manager (Name of Contact Person)	at (<u>305</u>) <u>918 – C</u> (Area Code & Daytime		
Enclosed is a check for the following amount made pay	able to the Florida Department of	State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fe Certificate of Status Certified Copy (Additional Copy is enclosed)	s
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 Ci Tallahassee, FL 32301	AHASSEE	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently				UC-
N06000008960			· · · · · ·	
(Document Number	of Corporation	ı (if known)		
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp	rida Statutes, tl poration:	nis <i>Florida Not For</i>	Profit Corporation	on adopts
A. If amending name, enter the new name of the	corporation:			•
The new name must be distinguishable and contain	in the word "	corporation" or "i	ncorporated" or	the
abbreviation "Corp." or " Inc." <mark>"Company" or "C</mark>	Co." may not b	<u>e used in the name</u> .	28	=
B. Enter new principal office address, if applical				
(Principal office address <u>MUST BE A STREET Al</u>	<i>DDRESS</i>)		3 5	
	-		* * * * * * * * * * * * * * * * * * *	-7
	_		* ' •	
C. Enter new mailing address, if applicable:			3	<u>'</u>
(Mailing address MAY BE A POST OFFICE I	<u>BOX</u>) _			ည္ဆ
			∞ ₹*	
				
·	_			
D. If amending the registered agent and/or regis	tered office ac	ldress in Florida, e	nter the name of	f the
new registered agent and/or the new registere	ed office addr	ess:		
Name of New Registered Agent:				
<u>New Registered Office Address</u> :	(Florida	street address)		
·			, Florida	····
		(City)	(Zip Code))
New Registered Agent's Signature, if changing R	egistered Age	nt:		
I hereby accept the appointment as registered age position.	ent. I am fai	miliar with and acc	cept the obligatio	ns of the
Signa	utura of Nau D	egistered Agent, if c	hanaina	
Signa	nuie oj ivew Ke	egistereu Agent, ij C	nunging	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PD	John Hayes	1281 O Tamiami Trail N. Napres, FL 34110	☐ Add ☐ Remove
SD	Sol Prizant	3131 NE 188th St. #2-1202 Aventra, FL 33180	Add Remove
ID	Tomas Ramas	4784 Boston Past Rd. # A-61 Pelham Manor, NY 101	Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)		
	?		
		<u> </u>	
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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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>SD</u>	Ana Carolina Bittenrouxt	3B1 NE 188th St. # 1-1212 Aventurg, FL 33180	☐ Add ☐ Remove
PD	Sol Prizant	3131 NE 188+ St. # 2-1202 Aventura, FL 33180	□ Add □ Remove
<u></u>			☐ Add ☐ Remove
E. If amending (attach addit	g or adding additional Articles, enter chional sheets, if necessary). (Be specific	nange(s) here:)	
•			
,		•	
·		·	

The date of each amendment(s) ad	loption: 9/29/20/0
•	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
have not	number of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	Typed or printed name of person signing)
	Secretary (Title of person signing)

Page 3 of 3