71746

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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AMENDO

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ROLLING C	Soused Contrament	un A Inc
DOCUMENT NUMBER: 7/7	409	
The enclosed Articles of Amendment and fee are submi	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Name of Co	OMONINIUM Company)	 1 tre .
(Firm/ (Company)	
City/ State City/ State Control	all:	m)
(Name of Contact Person)	_ at (<u> </u>	Telephone Number)
Enclosed is a check for the following amount made pay		
\$35 Filing Fee \$ \text{\$43.75 Filing Fee & Certificate of Status}	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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 Ci	

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

\mathcal{O}	of	
KOLLING CMON	V CONDOMINIUM A	TIC
(Name of Corporation as curr	ently filed with the Florida Dept. of S	State)
7/7	7409	
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir		Profit Corporation adopts
A. If amending name, enter the new name o	f the corporation:	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" o		acorporated" or the
B. Enter new principal office address, if app	nlicable:	
(Principal office address <u>MUST BE A STREE</u>		E 46 0
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		JEC 28 M
(Maning duaress MAT BEAT OST OTT		
D. If amending the registered agent and/or new registered agent and/or the new regi		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered position.		cept the obligations of the
	Signature of New Registered Agent, if c	hanging

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>	Name	Address	Type of Action
\mathcal{P}_{-}	Common, Ray	1701 NE 19/57.	_ Add □ Remove
VP	OSCAR OTERO	HIAMI, FL. 3517, 1701 NE 19/57	
_ 		MIMI, FL 3317	Remove
2	MENDY GREET	1701 NE 1915	Add Remove
		MIAMI, F.C. 3SII	<u>Z</u>
	ending or adding additional Articles, enter conditional sheets, if necessary). (Be specific	c)	31 4 4
1	LUIS G. FALAS	1701NF 19/5	T. A ADD
		MLAMI, FL. 3	73/79
<u>D</u>	T. OTHY CHAVES	1701 NE 191	
	<u> </u>	MIAMI, FL.	33/79
D	JUSTO RUIZ	1701 ME 121	ST XADD
	· · · · · · · · · · · · · · · · · · ·	MIAMI, FL.	
D	WILFALDO RODRIGUE	z 1701 NE 191	157 AT ADD
		MIAMI, FL.	•
			

The date of each amendment(s) a	adoption: DECEMBER 18, 2010	
Effective date <u>if applicable</u> :	Male of adoption is required)	
Effective date <u>if apprecasic</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were acwas/were sufficient for approva	dopted by the members and the number of votes cast for the amendmental.	(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	;
Dated <u>DL</u> F	EMDER 18, 2010	
Signature	La tut	
have no	chairman or vice chairman of the board, president or other officer-if direct been selected, by an incorporator — if in the hands of a receiver, trus ourt appointed fiduciary by that fiduciary)	
_	Ray Corneral	
	(Typed of printed name of person signing) Physipa 3	
	(Title of person signing)	