N00000003575

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-SEORETARY OF STATE: BAULAHASSEE FLORUM

Amend News 8-18-11 N AUG 16 PM 4:41

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: 1610 RIVER F	PLACE CONDOMINIUM	ASSOCIATION.
DOCUMENT NUM	IBER: N00000003575		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	er to the following:	
		o M. Garcia	-
	(Name of	Contact Person)	
	Affinity Man	agement Services	
	(Firm	/ Company)	
	1430 N	w 15 Avenue	
	(A	Address)	
	Miami	i, FL 33125	
	(City/ Stat	e and Zip Code)	
		o M. Garcia I for future annual report notifica	tion)
For further information	on concerning this matter, please	call:	
Pedro M. Garcia		at (305)_325-4243	
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made pa	ayable 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)	☐ \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	t

Articles of Amendment to Articles of Incorporation of

FILED 11 AUG 16 PM 4:41 SECRETARY OF STATE CLAHASSEE FLOREDA

1610 RIVER PLACE CONDOMINIUM ASSOCIATION, I

(Name of Corporation as currently filed with the Florida Dept. of State)

N0000003575

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

he new name must be distinguishable an bbreviation "Corp." or " Inc." <mark>"Compan</mark>		
. Enter new principal office address, if Principal office address MUST BE A STI		
. Enter new mailing address, if applica (Mailing address MAY BE A POST Of		
If amending the registered agent and/ new registered agent and/or the new i		a, enter the name of the
		a, enter the name of the
		a, enter the name of the
new registered agent and/or the new in Name of New Registered Agent:	registered office address:	a, enter the name of the , Florida

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>P</u>	LEAVITT, ARNOLD	1430 NW 15 AVE Miami, FL 33125	
E. If amend (attach ad	ling or adding additional Articles, edditional sheets, if necessary). (Be s	enter change(s) here: specific)	
			<u> </u>
		,	

The date of each amendmen	t(s) adoption:	1/18/2011
Effective date <u>if applicable</u> :	7/18/2011	(date of adoption is required)
	(no mo	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CI	HECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the roval.	e members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		i to vote on the amendment(s). The amendment(s) was/were
Dated	7/18/2	2001
Signature _	(en/	
hav	e not been/relec	vice chairman of the board, president or other officer-if directors ted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
		lian Muzzio
	(T)	yped or printed name of person signing)
	ARE	PARUAG
		(Title of person signing)