748390

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	dominium Association, I	nc.	
748390 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so			
Please return all correspondence concerning this ma	atter to the following:		
Allison Chaiet			
	(Name of Contact Pe	rson)	
Valancy & Reed			
	(Firm√ Company)	
310 SE 13 Street			
	(Address)		
Fort Lauderdale, FL 33316			
	(City/ State and Zip (Code)	·
allison@myflalaw.com			
E-mail address: (to be u	sed for future annual rep	ort notification	1)
For further information concerning this matter, plea	ase call:		
Allison Chaiet	at	954	463-1600
(Name of Contact Pers	on) at	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
S35 Filing Fee	•	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations	An	eet Address lendment Sect	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Gables Plaza Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 748390 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: _____. Florida _ New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	PT John De V Mike Jo SV Sally St	ne <u>s</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>s</u>	Jose Fred Suarez	625 Biltmore Way, #806 Coral Gables, FL 33134
Remove			
2) × Change Add	<u>T</u>	Carlo Anilo II	625 Biltmore Way, #1002 Coral Gables, FL 33134
Remove 3)	<u>S</u>	Dr. Jose Antonio Solias-Silva	625 Biltmore Way, #105 Coral Gables, FL 33134
4) <u>× Change</u> Add	<u>D</u>	Sebastian Spagnuolo	625 Biltmore Way, #205 Coral Gables, FL 33134
Remove			
5) Change Add			
Remove			
δ) Change Add			
Remove			
E. If amending or addir (attach additional shee	ng additional Arti ets, if necessary).	cles, enter change(s) here: (Be specific)	
	<u> </u>		

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
\$100 of the state	
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
(ne	o more man 90 days after amenament file date)
<u>Note:</u> If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	v the members and the number of votes east for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated
(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) MARGARET Margin Hernandez
(Typed or printed name of person signing)
President
(Title of person signing)