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SECRE LAR DE CORPOSATIONS
DIVISION OF CORPOSATIONS
11 OCT - 3 PH 2: 50

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: Lakeview of the	California Club Hom	eowners Associați
DOCUMENT NU	мвек: 767964		
The enclosed Artic	les of Amendment and fee are subm	itted for filing.	
Please return all co	rrespondence concerning this matte	to the following:	
	- , 	el Rueda	
	(Name of C	ontact Person)	
	MOR VALUE	MANAGEMENT	
	(Firm/	Company)	
1.	6625 Miami Lak	es Drive, Suite 429	1 -
	6625 Miami Lak	dress)	.,, (
÷;	५०, १९८ मञ्जूष पुत्र मृतुर्व (१) मि.स.	(dress)	•
_		es, FL 33014 and Zip Code)	
	(enj. en		
	miguel@n E-mail address: (to be used	norvalue.com for future annual report notifi	cation)
For further inform	ation concerning this matter, please		
r or runner unorma	ation concerning this matter, piease		
Miguel Rueda		at (800) 880-19	68
(Naı	ne of Contact Person)	at (<u>800</u>) <u>880-19</u> (Area Code & Dayt	ime Telephone Number)
Enclosed is a checl	k for the following amount made pag	able to the Florida Departme	nt of State:
☑ \$35 Filing Fee	\$43.75 Fiting Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy . (Additional Copy
<u>M</u> :	ailing Address	Street Address	is enclosed)
Amendment Section Division of Corporations		Amendment Section Division of Corporat	ions
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

Lakeview of the California C			
\ <u></u>		the Florida Dept. of State	
	767964		
(Document Nun	nber of Corporati	ion (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir		, this <i>Florida Not For Profit Corporation</i> adop	
A. If amending name, enter the new name of	f the corporatio	<u>n:</u>	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		c/o: MorValue Management, Corp.	
		6625 Miami Lakes Drive, Ste. 42	
		Miami Lakes, FL 33014	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o: MorValue Management, Corp.	
		6625 Miami Lakes Drive, Ste. 429	
		Miami Lakes, FL 33014	
D. If amending the registered agent and/or in new registered agent and/or the new registered.			
Name of New Registered Agent:	MorValue Management, Corp		
	6625 Miami	Lakes Drive, Ste. 429	
New Registered Office Address:	(Florida street address)		

Florida 33014 (City) (Zip Code)

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

Miami Lakes

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, hame, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
E. <u>If amen</u> (attach d	nding or adding additional Artic additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
	•		
 			
	,		

The date of each amendmen	t(s) adoption: August 15 , 2011
Effective date <u>if applicable</u> :	(date of adoption is required) August 15, 2011
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Sep	tember 23, 2011
Signature	Trace the
hav	the chairman of vice chairman of the board, president or other officer-if directors be not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	Grace Perez
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3