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COVER LETTER

NAME OF CORPORATION:	4 AMBRA	Condomi	num TV ASSOC
DOCUMENT NUMBER: 76 8	3479		J)
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		3
J	sel lo	rdovA	
	(Name of Contact Perso	n)	
AlthomeraII elo Ritz	MANAGE	ment I	NC.
400)	(Firm/ Company)		
P-0.B	0X 2973 (Address)	255	
	(Address)		
Pemeroke P.	ines Fl	33029	
	(City/ State and Zip Coo	le)	
Iselc	@ ritzma ed for future annual report	nagemen	t. com
		notification)	
For further information concerning this matter, please	se call:		
Isel Cordon	at	954-66	2-8962
(Name of Contact Person		rea Code) (Daytime	
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Sta Certified Copy (Additional Copy Enclosed)	tus
Mailing Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

A	rticles of Incorporation	1
AL.	HAMBRA	(ondominium II)
(Name of Corporation as co	urrently filed with the Fl	orida Dept. of State)
	7684	79
(Document 1	Number of Corporation (if	known)
(Document 1) Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not I	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	· · · · · · · · · · · · · · · · · · ·
·		The new
name must be distinguishable and contain the word "co	rporation" or "incorporat	ed" 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 ADDR</u>	<u>PESS</u>)	
		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		
). If amending the registered agent and/or registered		a, enter the name of the
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	tered Agent: am familiar with and acce	pt the obligations of the position.
	Signature of New Reg	istered 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: X.Change X. Remove X. Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name y	<u>Addres</u> s
1) Change Add	VP	Nivaldo Valdes	PENBROKU PINES F / 330
Remove 2) Change Add	<u>5</u> .		P. O. BOX 297255 Pembroka Pine, F1 33029
Remove 3)ChangeAdd		· · · · · · · · · · · · · · · · · · ·	
Remove 4) Change Add			
Remove 5) Change Add			·····
Remove			
6) Change Add Remove	ALUSANDO POPULATIVA		
KCHIOVE			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
New election & change in Board of finestors
1
New Board of Aprillans.
MARGARITA Sinche - President
HARGARITA Sinche - President Nivaldo Valdes - Vier - President Zexaide Cartaga - Secretary.
Zeraide Cartaga - Secretary.

	e date of each amendment(s) add	7/28/16	, if other than the
	e this document was signed.	, priorit	, 17 other than the
Eff	· ective date <u>if applicable</u> :	7/28/16	
		(no more than 96 days after amendment file date)	
	e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirement artment of State's records.	ents, this date will not be listed as the
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the	he amendment(s)
b	There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendments.	nt(s) was/were
	Dated	P/1/16	
	Signature Oor	genita Sinche	
	have not bee	tan or vice chairman of the board, president or other offin selected, by an incorporator – if in the hands of a receippointed fiduciary by that fiduciary)	
		MARGARITA Sinche	· .
		(Typed or printed name of person signing))
		President	

(Title of person signing)