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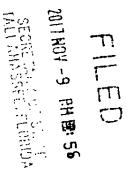
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Estoril Master Assoc	riation, Inc.		
DOCUMENT NUMBER:	N03000000990			
The enclosed Articles of Am	-	nitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
Joseph Senker				
		(Name of Contact P	erson)	
Gaedeke Group, LLC				
		(Firm/ Company	v)	
1395 Brickell Avenue, Suite	200			
		(Address)		
Miami, Florida 33131				
		(City/ State and Zip	Code)	
jsenker@gacdeke.com				
E-	mail address: (to be used	for future annual rep	ort notification	<u> </u>
For further information conce	ming this matter, please o	call:		
Joseph Senker		at	305	
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida L	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status		Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Ad	dress	Str	eet 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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of				
Estoril Master Association, Inc.	7	2, 1			
(Name of Corporation as current	tly filed with the Florida Dept. of State)	75.			
N03000000990		ollowing of the state of the st			
(Document Number	er of Corporation (if known)				
ursuant to the provisions of section 617.1006. Florida Statutes nendment(s) to its Articles of Incorporation:	s. this <i>Florida Not For Profit Corporation</i> adopts the fo	öllowing			
. If amending name, enter the new name of the corporati	on:	47			
Brickell Arch Master Association, Inc.		The new			
ame must be distinguishable and contain the word "corporat Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or	r "Inc."			
. Enter new principal office address, if applicable:	1395 Brickell Avenue				
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 200				
	Miami, Florida 33131				
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1395 Brickell Avenue				
· · · · · · · · · · · · · · · · · · ·	Suite 200				
	Miami, Florida 33131				
). If amending the registered agent and/or registered office new registered agent and/or the new registered office as					
Name of New Registered Agent:					
	(Florida street address)				
New Registered Office Address:					
	, Florida				
	(City) (Zip Code)				
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far					
Si	ignature 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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DS	Arlene Barroso	
AddX Remove			
2) Change	DVT	Marvin Mouser	
Add	D	Alexandre Cadosch	
Add X Remove			
4) Change	DS	Gregory Mullis	1395 Brickell Ave, Suite 200
X Add			Miami, FL 33131
5) Change	DVT	Amanda Green	1395 Brickell Ave, Suite 200
X Add Remove			Miami, FL 33131
6) Change	D	Cassie Resnick	119 Wahington Ave, Suite 505
X Add			Miami Beach, FL 33139
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)					
	-					
						
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		_				

The date of each amendment(s) a	doption:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.	oe listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
adopted by the board of direct Dated Signature	1,2017 MUL	_
have not b	than or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Joseph	Senker	
	(Typed or printed name of person signing)	
Preside	nt	
	(Title of person signing)	