N030000 10242

(Requestor's Name)			
(Add	ress)		
Add)	ress)		
(City)	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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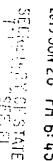
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

and the same of th	ONDOMINIUM ASSO	CIATION, IN	IC.
N03000010242			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Ana Cristina Argimon			
	(Name of Contact Per	son)	
GABLES VIEW CONDOMINIUM ASSOCIATION	I, INC.		
	(Firm/ Company)		
1627 SW 37TH AVENUE			
	(Address)		
Miami, FL 33145			
	(City/ State and Zip C	ode)	
gablesviewcondo@gmail.com			/
E-mail address: (to be use	d for future annual repo	ort notification	n)
For further information concerning this matter, please	e call:		
MARIA ALMEIDA	at		4442334
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	ied Copy tional Copy is
Mailing Address Amendment Section		eet Address endment Secti	ion
Division of Corporations		ision of Corpo	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

and the second s
GABLES VIEW CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as	current	ly filed with the Fl	orida Dept. of State)	
N03000010242				
(Documen	nt Numbe	r of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes	, this <i>Florida Not I</i>	For Profit Corporation adopts the following	lowing
A. If amending name, enter the new name of the co	orporatio	on:		
N/A			TF	ie new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporati	on" or "incorporat	- Trans	
B. Enter new principal office address, if applicable	n. •	N/A		
(Principal office address MUST BE A STREET ADD				~~~
			2.4 Cm	
				蓮
				8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	1 V)	N/A	19 m²	_P
(Maining dadress MAT BE A FOST OFFICE BO	<u> </u>		1 107	<u>ئن</u>
			<u> </u>	
			m	5
D. If amending the registered agent and/or register			a, enter the name of the	
new registered agent and/or the new registered		iuress.		
Name of New Registered Agent:	/A			
_			(Florida street address)	
New Registered Office Address:				
N	/A		, Florida	
_		(City)	(Zip Code)	
N. D. Maria Maria Maria Maria Maria Maria		.		
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.			pt the obligations of the position.	
men and accept the abbounded an engineer on affects.	y 			
	Sid	anature of New Reo	istered Agent if changing	
	Sig	gnature 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 = Sccretary; 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>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	JENNIFER GROBELNY	1627 SW 37 AVE
Add			MIAMI FL 33145
XX Remove			
2) Change	VP	JUAN RABIONET	15490 SW 80TH STREET
Add			MIAMI, FL 33145
XX Remove 3) Change	P	RAUL ESTRADA	1627 SW 37 AVE
Add			MIAMI, FL 33145
XX Remove			
4) XX Change	Р	JOSE GOMEZ	1627 SW 37 AVE
Add			MIAMI, FL 33145
Remove			
5) Change	<u>T</u>	MELODY KAYE	1627 SW 37 AVE
XX Add			MIAMI, FL 33145
Remove			
6) Change			_
Add			
Remove		Page 1 of 4	

6. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	
100000000000000000000000000000000000000	
P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

	WAY 14, 2019	
The date of each amen	dment(s) adoption:	, if other than th
late this document was	signed.	
	N/A	
Effective date <u>if applic</u>	cable: (no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, ite on the Department of State's records.	, this date will not be listed as the
Adoption of Amendmo	ent(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficien) was/were adopted by the members and the number of votes cast for the antifor approval.	imendment(s)
There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s ard of directors.	:) was/were
Dated	MAY 14.2019	
Signature		
	(By the chairman or vice chairman of the board, president or other officer have not been selected, by an incorporator – if in the hands of a receiver other court appointed fiduciary by that fiduciary)	
	Maria J. Acaro	
	(Typed or printed name of person signing)	
	Secretary.	
	(Title of person signing)	