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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

BRICKELL ON TH NAME OF CORPORATION:	E RIVER MASTER A	ASSOCIATIO	N. INC.
DOCUMENT NUMBER: N04000001426			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
MARITZA GONZALEZ, MANAGER			
	(Name of Contact Pe	erson)	
BRICKELL ON THE RIVER MASTER ASSOCIAT	TON, INC.		
	(Firm/ Company	')	
31 SE 5TH STREET, BOX #1			
	(Address)		
MIAMI, FLORIDA 33131			
	(City/ State and Zip (Code)	
MGONZALEZ@MIAMIMANAGEMENT.COM			
E-mail address: (to be used	l for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
MARITZA GONZALEZ	at	305-	358-5380
(Name of Contact Person	at _.		(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida I	Department of	State:
Signature Status Signature Signatur	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations	Am	ect Address lendment Secti vision of Corpe	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

RIVER MASTER ASSOCIATION, INC DOCUMENT NUMBER N04000001426 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 _ (City)

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.

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 us an Add.

Example: X Change X Remove X Add	PT John D V Mike Je SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) × Change Add		AIDA LORENA DERAT	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove		_	
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
N/A			

	
	
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The date of each amendment(s) adoption: N/A date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

 are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ed by the board of directors.
Dated 1621
Signature QLAS
(By the chairman or vice chairman of the board, president or other officer-it directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
admi aida Derat
(Typed or printed name of person signing)
President.
(Title of person signing)