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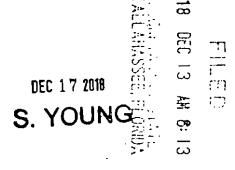
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Venture at Aventur NAME OF CORPORATION:	a Master Associatio	on Inc.	
N05000007934 DOCUMENT NUMBER:			_
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Mike Porter			
	(Name of Contact Pe	erson)	
Venture at Aventura Master Association Inc.			
	(Firm/ Company	')	
18800 NE 29th Ave. #1200			
	(Address)		
Aventura, Florida 33180			
	(City/ State and Zip (Code)	
manager@venture-at-aventura.com			
E-mail address: (to be used	I for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
Mike Porter	at	786	666-5927
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida I	Ocpartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Venture at Aventura Master Association Inc.

(Name of Corporation as	currently filed with the Fl	orida Dept. of State)	
N05000007934			
(Document	Number of Corporation (it	known)	
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this Florida Not a	For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the con	rporation:		
			The new
name must be distinguishable and contain the word "contain the word "contain the mame." Company" or "Co." may not be used in the name.	orporation" or "incorpora	ted" or the abbreviation "C	orp," or "Inc,"
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	ש		
			<u> </u>
			E DE
). If amending the registered agent and/or register	ed office address in Floric	la, enter the name of the	C 13
new registered agent and/or the new registered of	office address:	_	rii) · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:			
			一部が大
New Registered Office Address:		(Florida street address)	77
Teen Registered Vyfice Address.			
	(Citv)	, Florida (Zip Co	
	(011)	(Kap Cin	,
New Registered Agent's Signature, if changing Reginerable accept the appointment as registered agent.		one that while at lower of the con-	
nereoy accept the appointment as registerea agent.	am jamuar wun ana acce	ул те опиданопs ој те pos	suaon.
 -	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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	_	Fung, Wayne	18800 NE 29th Ave
Add				#929
X Remove				Aventura, FL. 33180
2) Change	DS	_	Lopez, Jaime Rodrigo	18800 NE 29th Ave
X Add				#4 10
Remove				Aventura, FL. 33180
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
() (I)				
6) Change		_		
Add				
Remove				

If amending or adding additional A attach additional sheets, if necessary	e). (Be specific)	l			
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	•	November 13, 2018	
	date of each amendment(s) ado this document was signed.	ption:	, if other than the
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	E If the date inserted in this block iment's effective date on the Department.	t does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Ado	ption of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes east for th	ne amendment(s)
	adopted by the board of directors	rs entitled to vote on the amendment(s). The amendments:	nt(s) was/were
	Dated	S/20/P	
	Signature	Mug	
	have not been	or or vice chairman of the board, president or other offi selected, by an incorporator – if in the hands of a receiv pointed fiduciary by that fiduciary)	
		WCHAS MOSHEC (Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
	<u> </u>	CECTOR - TREASURER. (Title of person signing)	
		(Title of person signing)	