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SECRETARY OF STATE
ALLABASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

ENTURA EAST CONDOMINIUM ASSOCIATION, INC.	
nitled for filing.	
er to the following:	
(Name of Contact Person)	
M ASSOCIATION, INC.	
(Firm/ Company)	<u> </u>
(Address)	
(City/ State and Zip Code)	
for future annual report notification)	
calf:	
786 787-0192 at	
(Area Code) (Daytime Telephone Number	·r)
yable to the Florida Department of State:	
S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)	
Street Address Amendment Section	
	inited for filing. r to the following: (Name of Contact Person) M ASSOCIATION, INC. (Firm/ Company) (Address) (City/ State and Zip Code) for luture annual report notification) call: at 786 787-0192 (Area Code) (Daytime Telephone Numbersable to the Florida Department of State: \$\Begin{align*} \text{S43.75 Filing Fee} & \$\Begin{align*} \text{S52.50 Filing Fee} \text{Certificate of Status} \text{(Additional Copy is enclosed)} & \text{Certificate Opy} \text{Certificate Opy is Enclosed)}

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State 18 P 3 GU
N05000007936		SECRETARY OF ATTE
(Document	Number of Corporation (if k	nown) FALLAHASSEE, FLORIDA
Pursuant to the provisions of section 617,1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the followin
A. If amending name, enter the new name of the cor	poration:	
N0		The nev
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name	rporation" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	·,	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		enter the name of the
	ince address.	
Name of New Registered Agent:		,
New Registered Office Address:	(FT	orida street address)
Sen registred Office state est.		
	(City)	, Florida (Zip Code)
	(C.u,r)	(Σιρ Code)
New Registered Agent's Signature, if changing Regis Thereby accept the appointment as registered agent. I		the obligations of the position
	Signature of New Regist	ered 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DS	FUNG, WAYNE	18800 NE 29TH AVE
Add	<u></u> -		#929
X Remove			AVENTURA, FL 33180
2) Change	D	VEGA AYARZA, CECILIA	1300 NE MIAMI GARDENS DR
Add	 _		#814-E
X Remove			NORTH MIAMI B., FL 33179
3) Change	DT	VEAZIE, VALERIA	18800 NE 29TH AVE
Add			APT, #1006
X Remove			AVENTURA, FL 33180
4) Change	DVP	RANCE, LESLIE	PO BOX 600825
X Add			North Miami Beach, FL 33160
Remove			
5) Change	D.I.	BENYES Kornbluth, NATHALIE	18800 NE 29TH AVE
X Add			APT.#418
Remove			AVENTURA, FL 33180
6) Change	DS	BENZAQUEN, ELIAS	18800 NE 29TH AVE
X Add			APT, #826
Remove			AVENTURA, FL 33180

amending or adding additional Arti toch additional sheets, if necessary).	(Be specific)					
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	date of each amendment(s) adoption	June 7, 2018	if other than the
	this document was signed.		
Eff	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-
	e: If the date inserted in this block doe ument's effective date on the Departme	s not meet the applicable statutory filing requirements, this dent of State's records.	ate will not be listed as the
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendr	nent(s)
	There are no members or members en adopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/	were
	Dated	06-14-2018	
	Signature		
	have not been sele	r vice chairman of the board, president or other officer-if directed, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	$\epsilon \iota$	(Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
	S	ecretary	
		(Title of person signing)	