NO 5000009344

(R	dequestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	> Filing Officer:

Office Use Only



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Mr 1-18-11



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2011

JORGE E. OTERO, ESQ. JORGE E. OTERO & ASSOCIATES, P.A. 75 VALENCIA AVE, SECOND FLOOR CORAL GABLES, FL 33134

SUBJECT: RESIDENCES AT THE FALLS CONDOMINIUM ASSOCIATION,

INC.

Ref. Number: N05000009344

We have received your document for RESIDENCES AT THE FALLS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Letter Number: 711A00000822

Tina Roberts Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORA	ATION: <u>Residences at tl</u>	ne Falls Cond	dominium Ass	sociation, Inc.
DOCUMENT	NUMBE	CR: <u>N05000009344</u>			
The enclosed A	rticles of	Amendment and fee are subm	itted for filing.		
Please return all	corresp	ondence concerning this matter	to the following	· ·	
	Jorg	e E. Otero, Esq.			
•		(Name of C	ontact Person)		
· .	Jorg	e E. Otero & Associate			
		(Firm/	Company)		
	75 V	alencia Avenue, Second	i Floor	-	
		(Ac	ldress)		
	Cora	1 Gables, FL 33134			
		(City/ State	and Zip Code)		
		oterolaw.com E-mail address: (to be used concerning this matter, please of		report notification	on)
or further thiof	rmation (concerning this matter, please t	an.		
Jorge E.		<u> </u>	_ at (305	567-9000	
•		Contact Person)			Telephone Number)
Enclosed is a ch	eck for t	he following amount made pay	able to the Florid	la Department o	f State:
□\$35 Filing Fe		XX \$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Copy (Additional copenclosed)	by is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Amendar Division P.O. Box	Address tent Section of Corporations 66327 see, FL 32314	Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building xecutive Center C	ircle

Articles of Amendment to Articles of Incorporation of



O1	TALLA MARY OF 36
Residences at the Falls Condominium As	ssociation. Inc. SEE ESTATE
(Name of Corporation as currently filed with	
N0500009344	
(Document Number of Corporat	ion (if known)
(Booking Number of Corporat	ion (ii kilowii)
Pursuant to the provisions of section 617.1006, Florida Statutes he following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporatio	n:
	((, , , , , , , , , , , , , , , , , ,
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." <mark>"Company" or "Co." may no</mark> t	
<u> </u>	
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
•	
Enter new mailing address, if applicable:	13888 SW 90th Ave.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	13000 Sw 30th Ave.
	Miami, FL 33176
·	
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 ad-	
Name of New Registered Agent: Jorge E. Ot	ero, Esq.
75 Valencia	Ave., Second Floor
	ida street address)
Coral Gable	
	(City) (Zip Code)
	gent: familiar with and accept the obligations of the
osition.	/
() (_
Signature of New	Registered Agent, if changing
÷ 1 1 2	

Page 1 of 3

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)

Title	<u>Name</u>	Address	Type of Action
PD	Kenneth A. Welt	1776 N. Pine Island Road, # 102 Plantation, FL 33322	. □ Add . ∷ X Remove
PD	Elena Tarasova	75 Valencia Ave., Second Floor Coral Gables, FL 33134	∴ X Add ☐ Remove
SD	Ivan Ryabushkin	75 Valencia Ave., Second Floor Coral Gables, FL 33134	☐ Remove
	ng or adding additional Articles, enter captional sheets, if necessary). (Be specific	c)	
•			
			
			<u>.</u>
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The date of each amendme	nt(s) adoption: December 28, 2010
	(date of adoption is required)
Effective date <u>if applicable</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.
There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated	128/10
Signature	
ĥ	By the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator — if in the hands of a receiver, trustee, of their court appointed fiduciary by that fiduciary)
	Elena Tarasova
	(Typed or printed name of person signing)
	President and Director
	(Title of person signing)