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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| · (Cit | ty/State/Zip/Phon | e #) |
| . PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | ne River Front Master Associ | ation, Inc. | | |
|---------------------------------------|---|-----------------------|--------------------|--|
| | 0011612 | | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendme | nt and fee are submitted for f | ĭling. | | |
| Please return all correspondence cor | ncerning this matter to the fol | lowing: | | |
| Joe Hernandez, Esq. | | | | |
| | (Name of | Contact Person) |) | |
| Weiss Serota Helfman Cole & Bier | man, P.L. | | | |
| • | (Firm | / Company) | | |
| 2525 Ponce de Leon Blvd., Suite 70 | 00 | | | |
| | (A | ddress) | | |
| Coral Gables, FL 33134 | | | | |
| | (City/ Stat | e and Zip Code |) | |
| jhernandez@wsh-law.com | | | | |
| E-mail ac | dress: (to be used for future | annual report no | otification |) |
| For further information concerning t | his matter, please call: | | | |
| Joe Hernandez, Esq. | | 305 at | | 854-0800 |
| (Name | of Contact Person) | | a Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following | g amount made payable to the | e Florida Depar | tment of S | itate: |
| | 3.75 Filing Fee & \$\Bigcup \\$43.75 \] tifficate of Status | l Copy nal copy is | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address | | Street A | Address | nn |

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

| The River Front Master Association, Inc. | | | | |
|---|--|--|--|--|
| (Name of Corporation as curre | ently filed with the Florida Dept. of State) | | | |
| N05000011612 | | | | |
| (Document Num | nber of Corporation (if known) | | | |
| Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation: | utes, this Florida Not For Profit Corporation adopts the following | | | |
| A. If amending name, enter the new name of the corpora | ation: | | | |
| N/A | The new | | | |
| name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name. | "ation" or "incorporated" or the abbreviation "Corp." or "Inc." | | | |
| B. Enter new principal office address, if applicable: | 2525 Ponce de Leon Blvd., Suite 700 | | | |
| (Principal office address MUST BE A STREET ADDRESS | S) Coral Gables, FL 33134 | | | |
| | 63 | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2525 Ponce de Leon Blvd., Suite 700 | | | |
| | Coral Gables, FL 33134 | | | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | | | |
| Name of New Registered Agent: Weiss S | Weiss Serota Helfman Cole & Bierman, P.L. | | | |
| | 2525 Ponce de Leon Blvd., Suite 700 | | | |
| New Registered Office Address: | (Florida street address) | | | |
| Coral G | Gables , Florida 33134 | | | |
| | (City) (Zip Code) | | | |
| New Registered Agent's Signature, if changing Registers I hereby accept the appointment as registered agent. I am | ed Agent: | | | |
| | Signature of New Registered Agent, if changing | | | |

Page 1 of 4

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: X Change X Remove X Add | V Mik | <u>a Doe</u> <u>e Jones</u> y Smith | |
|----------------------------------|--------------|---|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| I)Change | P | Inigo Ardid | 92 SW 3rd Street |
| Add | | | Miami, FL 33130 |
| X Remove | | | |
| 2) Change | VT | Troy Taylor | 92 SW 3rd Street |
| Add | | | Miami, FL 33130 |
| X Remove | | | |
| 3) Change | PTD | Shahab Karmely | 2525 Ponce de Leon Blvd. |
| X Add | | | Suite 700 |
| Remove | | | Coral Gables, FL 33134 |
| 4) Change | VSD | Ashley Miller | 2525 Ponce de Leon Blvd. |
| ¥ | | | Suite 700 |
| Remove | | | Coral Gables, FL 33134 |
| 5) Change | D | Philip Gutman | 2525 Ponce de Leon Blvd. |
| x | | | Suite 700 |
| Remove | | | Coral Gables, FL 33134 |
| 6) Change | | | |
| , | | | _ |
| | | | |
| X Remove 3) Change | PTD VSD | Shahab Karmely Ashley Miller | Miami, FL 33130 2525 Ponce de Leon Blvd Suite 700 Coral Gables, FL 33134 2525 Ponce de Leon Blvd Suite 700 Coral Gables, FL 33134 2525 Ponce de Leon Blvd Suite 700 |

| (anach uuumona | sheets, if necesso | иу). (ве ѕре | cifi c) | | | | | |
|---|--------------------|--------------|-----------------|-------------|----------|-------|-------------|-------------|
| N/A | | | | | | | | |
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| | • • | October 16, 2015 | |
|------|-------------------------------------|--|----------------------|
| The | date of each ame | ndment(s) adoption: | _, if other than the |
| date | this document was | signed. | |
| | | October 16, 2015 | |
| Effe | ective date <u>if appli</u> | cable: | |
| | | (no more than 90 days after amendment file date) | |
| | | ted in this block does not meet the applicable statutory filing requirements, this date will not be ate on the Department of State's records. | e listed as the |
| Ade | option of Amendm | ent(s) (<u>CHECK ONE</u>) | |
| | The amendment(s was/were sufficient |) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval. | |
| | There are no mem | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors. | |
| | Dated | October 16, 2015 | |
| - | Signature | Ashley M. Miller | |
| | | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| | | Ashley M. Miller | |
| | | (Typed or printed name of person signing) | |
| | | Vice President | |
| | | (Title of person signing) | |