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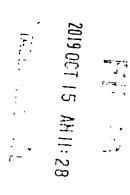
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TO: Amendment Section Division of Corporations	e e e e e e e e e e e e e e e e e e e
NAME OF CORPORATION:CORAL GATE EAS	T CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: 20-3991176	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
WILLIAM G. ESSIG, ESQ.	
	(Name of Contact Person)
ESSIG LAW, P.A.	
	(Firm/ Company)
10691 N. KENDALL DRIVE, SUITE 206	
	(Address)
MIAMI, FLORIDA 33176	
	(City/ State and Zip Code)
WESSIG@ESSIGLAWPA.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
WILLIAM G. ESSIG	305-964-7062 at
(Name of Contact Person	
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	S\$43.75 Filing Fee & S\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CORAL GATE EAST CONDOMINIUM ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 20-3991176 (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: 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. 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 _ (Zip Code) (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.

Signature of New Registered 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	a <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	RUBEN A. MARANGONE	6952 NW 186TH STREET
Add			CLUBHOUSE
X Remove			MIAMI, FLORIDA 33015
2) Change	D	LAZARA A. NUNEZ	6952 NW 186TH STREET
X Add			CLUBHOUSE
Remove			MIAMI, FLORIDA 33015
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	V		
Add			
Remove			

If amending or adding additional Articutach additional sheets, if necessary).	(Be specific)
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		OCTOBER 3, 2019	ie a a a
	edate of each amendment this document was signed		, if other than the
Effe	ective date <u>if applicable</u> :	OCTOBER 3, 2019	
		his block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	ot be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	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	2019	
	Signature	te 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 court appointed fiduciary by that fiduciary)	
	_	Lenia hopez	
		(Typed or printed name of person signing)	
	_	(Title of person signing)	
		•	