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TO: Amendment Section Division of Corporations

P.O. Box 6327

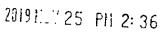
Tallahassee, FL 32314

NAME OF CORPORATION: Bella Vista Lake Con	ndominium Associat	ion	······································
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Marta Villa			
	(Name of Contact P	erson)	
Bella Vista Lake Condominium			
	(Firm/ Compan	y)	
417 Fountainhead Circle			
	(Address)		.м.
Kissimmee, FL. 34741			
	(City/ State and Zip	Code)	
admin@bellavistalakecondominium.com			
E-mail address: (to be used	for future annual re	port notificatio	n)
For further information concerning this matter, please	call:		
Marta Villa	21	407	343-9399
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certit	0 Filing Fee feate of Status fed Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address nendment Sect	ian
Division of Corporations		vision of Corp	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Bella Vista lake Condominium		
Name of Corporation as currently filed with the Florida I	Dept. of State)	
N0600004580		
(Document Numb	er of Corporation	(if known)
Pursuant to the provisions of section 617,1006, Florida Statute timendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ion" or "incorpe	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	 	
D. If amending the registered agent and/or registered officers.	e address in Fla	rids, enter the name of the
new registered agent and/or the new registered office a		TOOL CHILD THE THE
Name of New Registered Agent: N/A		
		•
	.,	(Florida street address)
New Registered Office Address:		
		, Florida
**	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fail		ccept the obligations of the position.
	anatura of Nau k	Peristered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	Osvaldo Gonzalez	417 Fountainhead Circle Kissimmee, FL. 34741
Remove 2) Change Add	<u>P</u>	Alvaro Gomez	417 Fountainhead Circle Kissimmee, FL, 34741
Remove 3) Change	VP	Hector Cueto	417 Founatinhead Circle Kissimmee, FL. 34741
4) Change Add	D	Osvaldo Gonzalez	417 Fountainhead Circle Kissimmee, FL, 34741
Remove 5) Change Add	<u>D</u>	Alvaro Gomez	417 Fountainhead Circle Kissimmee, FL. 34741
6) Change Add			417 Fountainhead Circle Kissimmee, FL, 34741
E. If amending or add (attach additional sh		Page 2 of 4 articles, enter change(s) here: articles, enter change(s) here:	

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	Page 3 of 4	
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The date of each amendments	November 16, 2019	if other than
The date of each amendment() date this document was signed.	s) adoption: November 16, 2019	, if other than
date this document was signed.	s) adoption: November 16, 2019 November 16, 2019	, if other than
The date of each amendment() date this document was signed. Effective date if applicable:	s) adoption:	, if other than
date this document was signed. Effective date if applicable: Note: If the date inserted in this	November 16, 2019	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated November 20/20/9
Signature (By the chairman or vice thairman of the board president or other officer-if directors have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Ricardo Requena
(Typed or printed name of person signing)
Treasurer
(Title of person signing)