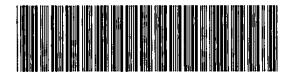


(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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And

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K. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations'

NAME OF CORPORATION:	entura Commerce Center C	Commercial Condomini	um Association, Inc.
N060000064 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	fee are submitted for filin	g.	
Please return all correspondence concerni	ng this matter to the follow	ving:	
Yolanda Copeland			
	(Name of Co	ntact Person)	
Buenaventura Commerce Center Comme	rcial Condominium Assoc	iation, Inc.	
	(Firm/ C	ompany)	
2090 E. Osceola Parkway			
	(Add	ress)	
Kissimmee, FL 34743			
	(City/ State a	nd Zip Code)	
buenaventuracometr@gmail.com			
E-mail address	s: (to be used for future an	nual report notification)
For further information concerning this m	atter, please call:		
Yolanda Copeland		407 at	791-7700
(Name of Co	ontact Person)		(Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the F	lorida Department of S	tate:
	Filing Fee & \$\sum \$\\$43.75 \text{ Fil} \text{Certified C} \text{(Additiona enclosed)}	Copy Certification Copy is Certification	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		Street Address	

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

VENTURA COMMERCE CENTER COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

s currently filed with the Floric	da Dept. of State) y -1, Pil 3: 48	
	own) M. A. C.	
(Document Number of Corporation (if known)		
a Statutes, this Florida Not For	Profit Corporation adopts the following	
orporation:		
	The nev	
corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."	
2090 E OSCEOLA PA	2090 E OSCEOLA PARKWAY	
DRESS) KISSIMMEE, FL 3474	43	
(Please remove c/o El	Aguila Supermarket)	
2090 E OSCEOLA PA	2090 E OSCEOLA PARKWAY	
	KISSIMMEE, FL 34743	
(Please remove c/o El	Aguila Supermarket)	
ered office address in Florida, office address:	enter the name of the	
I/A		
l/A		
(Flo	rida street address)	
	, Florida	
(City)	(Zip Code)	
gistered Agent: I am familiar with and accept t	the obligations of the position.	
	a Statutes, this Florida Not For orporation: corporation or incorporated 2090 E OSCEOLA PA (Please remove c/o El 2090 E OSCEOLA PA (Please remove c/o El (Please remove c/o El cred office address in Florida, office address: A/A (City) gistered Agent:	

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	PT John Doe V Mike Jones SV Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	LUIS G RUBIO	2106 E. OSCEOLA PARKWAY
Add			KISSIMMEE, FL 34743
X Remove			
2) Change	D	JUAN E SAVELLI	5124 HORSESHOE POINT ROAD
$\frac{X}{\underline{\hspace{1cm}}}$ Add			STUART, FL 34997
Remove			
3)Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
, , N/A	
	<u> </u>

	date of each amen		tion:	, if other than the
Effe	ective date if applic	OCTOB	(no more than 90 days after amendment file date)	
			does not meet the applicable statutory filing requirements, this date vertices the state of State's records.	will not be listed as the
Ado	ption of Amendme	ent(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	•	ted by the members and the number of votes cast for the amendment	(s)
	There are no mem adopted by the bo		s entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	October 28, 20	015	
	Signature	(By the chairma have not been s	an or vice chairman of the board, president or other officer-if director selecters, by an incorporator – if in the hands of a receiver, trustee, or	
			oointed fiduciary by that fiduciary) D. FONTANEZ	
			(Typed or printed name of person signing)	-
		PRESIDEN	TT	
			(Title of person signing)	_