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SECRETARY OF STATE ALLAHASSEE, FLORIDA

LED

Amend

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1-13-09

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BE	LA VISTA CONDOMINIU	M ASSOCIATION INC		
	Name of Co	orporation		
DOCUMENT NUM	ивек: 20	5890186		
The enclosed Statem	nent of Change of Registered Office	Agent and fee are submitted for filing.		
Please return all corr	respondence concerning this matter	to the following:		
		Ţ		
	JUAN CF	RIOLLO		
-	Name of Con	ntact Person		
-	Firm/Co	mpany		
_	60 E 3RD STRE			
_	Addr	ress		
_	HIALEAH,	FL 33010		
	City/State an	d Zip Code		
	JNCRIOLLO@Y	AHOO.COM		
_ <u>i</u>	E-mail address: (to be used for fu	ature annual report notification)		
		÷		
For further information concerning this matter, please call:				
J	UAN CRIOLLO	at (305) 763-6026		
Nam	e of Contact Person	at (305) 763-6026 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building		

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

BELA VISTA CONDOMINIUM ASSOCIATION, INC.

 Articles o	of Amend	ment		
Articles of Incorporation of			ALEGALAS	ARTON SECTIONS OF
BELA VISTA CONDOMINIO (Name of Corporation as currently fi				C. A.S. A.
N060000				O _A
(Document Number of		ion (if known)		
Pursuant to the provisions of section 617.1006, Florid the following amendment(s) to its Articles of Incorpor A. If amending name, enter the new name of the contain abbreviation "Corp." or "Inc." "Company" or "Co.	ration: orporatio the word	n: "corporation" or "inc		_
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		60 E 380	STREET	
		UNIT 1204		
		HIALEAH !	FL 33010	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS A	BOVE	
				
D. If amending the registered agent and/or registered new registered agent and/or the new registered			nter the name of	the the
Name of New Registered Agent:	Name of New Registered Agent: BARRY SIMONS			
ONE DATRAN CENTER		N CENTER, SUITE	400,9100	SWITH DADELAND BLVD.
Tron Registration of the trade one.	ŕ		Florida 331	

New Registered Agent's Signature, if changing Registered Agent:

I am familiar with and accept the obligations of the I hereby accept the appointment as registered agent. position.

> Registered Agent, if changing Signorare of New

(Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>DPT</u> _	MARTA ROLDAN	2121 NE 168 STREET UNIT 3 NORTH MIAMI BEACH FL 3314	Add Remove
DPT	JUAN CRIOLLO	3316 60 E 3 STREET UNIT 1204 HIALEAH, FL 33010	
DTS	YOLANDA MADRIZ	2121 NE 168 STREET UNIT 11 NORTH MIAMI BEACH FL 3316	
	g or adding additional Articles, enter of the specific of the	:hange(s) here:	
			-

The date of each amendmen	t(s) adoption: 06/01/2009
, Effective date <u>if applicable</u> :	06/01/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_06/0	01/2009
Signature	Levi Matt
-hav	y the chairman of vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	SOLISTER MARTELO
	(Typed or printed name of person signing)
	DIRECTOR VICE PRESIDENT
	(Title of person signing)