

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	Sity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	dusiness Entity Name)		
(C	Occument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	Office Use Only		

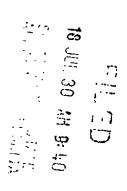


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And

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

	Mariner Village Garden Condo Association NAME OF CORPORATION:						
	N06511 DOCUMENT NUMBER:						
	The enclosed Articles of Amendment and fee are submitted for filing.						
	Please return all correspondence concerning this matter to the following:						
	Ołga Shabat						
/	(Name of Contact Person)						
[V	Miami Management Inc						
	(Firm/ Company)						
	1145 Sawgrass Corp. Parkway						
	(Address)						
	Sunrise, FL 33323						
	(City/ State and Zip Code)						
	oshabat@miamimanagement.com						
E-mail address: (to be used for future annual report notification)							
	For further information concerning this matter, please call:						
	Olga Shabat 954-806-8091 (Name of Contact Person) at (Area Code) (Daytime Telephone Number)						
	(Name of Contact Person) (Area Code) (Daytime Telephone Number)						
	Enclosed is a check for the following amount made payable to the Florida Department of State:						
	■ \$35 Filing Fee						
	Mailing Address Amendment Section Street Address Amendment Section						
	Division of Corporations Division of Corporations						
	P.O. Box 6327 Clifton Building						

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

18 JUL 30 AM 5: 40

Mariner Village Garden Condo Association		5 * . ; ; ; ; ;		
(Name of Corporation	as current	ly filed with the F	lorida Dept. of State)	a, raidh
N06511				
(Docun	ient Numbe	r of Corporation (f known)	
Pursuant to the provisions of section 617.1006, Flor imendment(s) to its Articles of Incorporation:	ida Statutes	, this <i>Florida Not</i>	For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the	corporatio	on:		
ŇA				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	•	on" or "incorpore	uted" or the abbreviation "Corp."	_
B. Enter new principal office address, if applica	hle	NA		
Principal office address MUST BE A STREET A				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)	NA		
D. If amending the registered agent and/or regis	stered offic	e address in Flori	da, enter the name of the	
new registered agent and/or the new register	<u>ed office ac</u>	<u>idress:</u>		
Name of New Registered Agent:	NA			
	NA			
			(Florida street address)	
<u>New Registered Office Address</u> :				
	NA		, Florida	
		(City)	(Zīp Code)	
New Registered Agent's Signature, if changing F	Registered :	Agent:		
hereby accept the appointment as registered agen			ept the obligations of the position.	
_				
_	Si	gnature of New Re	gistered 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 Mtke 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>Mil</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	Т	SHALOM SAPIR	3520 MAGELLAN CIRCLE,
Add			#737, AVENTURA, FL
Remove			33180
2) Change	VP	LEOPOLDO ORTEGA	3558 MAGELLAN CIRCLE,
X Add			#132, AVENTURA, FL
Remove			33180
3) Change	D	ELENA SIEGEL	3520 MAGELLAN CIRCLE.
X Add			#736, AVENTURA, FL
Remove			33180
4) X Change	S	GUY HOENIG	3501 MAGELLAN CIRCLE,
Add			#638, AVENTURA, FL
Remove			33180
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)				
					
	 .				
	-				
					<u></u>
				- -	
					•
			-		
		 		-	
-					

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	06/12/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer- was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment oval.	nt(s)
☐ There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/werectors.	re
Dated	06/14/18	
Signature		
have not	hairman or vice chairman of the board, president or other officer-if directed been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)	
	Cil Yosefi	
	(Typed or printed name of person signing)	_
	Persident of the (Title of person signing)	A33.
	(Title of person signing)	