N07000002234

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Amend

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOLABELLA	COND	DMINIUM ASSO	OCIATION, INC.
DOCUMENT NUM	BER: N07000002234			
The enclosed Articles	s of Amendment and fee are sub	bmitted for	r filing.	
Please return all corre	espondence concerning this mat	ter to the	following:	
	INGRI	D HAZO	URY	
	(Name of	Contact F	Person)	
	RELIABLE PROPERTY	MANAG	EMENT SERVICE	INC.
	(Firn	n/ Compar	y)	
	18590 NW 37	AVE. S	UITE 200B	
	(,	Address)		····
	HIALE	AH, FL 3	3015	
	(City/ Sta	te and Zip	Code)	
	ihazoury E-mail address: (to be use	/223@ac		cation)
For further information	on concerning this matter, pleas		and report notifi	(0.000)
INGRID HAZOUF	o∨		305) 364-89	M1
	of Contact Person)	at (time Telephone Number)
·	or the following amount made p	payable to	•	•
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	ing Address ndment Section		Street Address Amendment Section	•
Division of Corporations			Division of Corporat	
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Cen	ter Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SOLABELLA CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000002234

(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:

breviation "Corp." or "Inc." <u>"Company" o</u>		"incorporated" or the ne.
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or remember registered agent and/or the new registered.		a, enter the name of t
If amending the registered agent and/or new registered agent and/or the new registered agent. Name of New Registered Agent:		a, enter the name of t
new registered agent and/or the new regis	stered office addr	a, enter the name of t

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)

P/D GREENBAUM, JUSTIN 18590 NW 67 AVE. SUITE200B P/D/S QUINTERO, MIGUEL 18590 NW 67 AVE. SUITE200B HIALEAH, FL 33015 Pemove 18590 NW 67 AVE. SUITE200B HIALEAH, FL 33015 Pemove 18590 NW 67 AVE. SUITE200B HIALEAH, FL 33015 FE Memove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) S/D ROSS, STEVE 18590 NW 67 AVE. SUITE200B, HIALEAH, FL 33015 / REMOVE	
HIALEAH, FL 33015 Remove 18590 NW 67 AVE. SUITE200B HIALEAH, FL 33015 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
(attach additional sheets, if necessary). (Be specific)	
	1
	•

The date of each amendment(s) adoption: 924/2015	
(date of adoption is required) Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amenwas/were sufficient for approval.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) we adopted by the board of directors.	as/were
Signature	er-if directors
have not been selected, by an incorporator – if in the hands of a receiv other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	