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SECRETARY OF STATE TALLAHASSEE. FLORIDA

Amend 109

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: River View of V	Vilton Manors Owners	Association, Inc.
DOCUMENT NUM	IBER: N0900001318		
The enclosed Article	s of Amendment and fee are subn	nitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
		B. Blasi, Esq. Contact Person)	
	(Name of C	contact reison)	
	 	sserman & Gora, P.A.	
	(Firm/	Company)	
	7777 Glades	Road, Suite 400	•
- 10	(A	ddress)	
	Boca Rat	on, FL 33434	
	(City/ State	and Zip Code)	· · ·
		@yahoo.com for future annual report notific	ation)
For further informati	on concerning this matter, please	call:	
Eileen M Hanley		ai (561) 477-780	
	of Contact Person)		me Telephone Number)
Enclosed is a check t	for the following amount made pa	yable to the Florida Departmer	nt of State:
	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

Articles of Amendment to Articles of Incorporation

River View of Wilton Manors Owners' Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N0900001318 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		For Profit Corporation adopts			
A. If amending name, enter the new name of the corporation:					
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o	ontain the word "corporation" or r "Co." may not be used in the no	r "incorporated" or the			
B. Enter new principal office address, if app (Principal office address MUST BE A STREE					
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)					
D. If amending the registered agent and/or r new registered agent and/or the new regis		da, enter the name of the			
Name of New Registered Agent:	JOHN FAMULARO				
New Registered Office Address:	(Florida street address)				
	(City)	, Florida (Zip Code)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.					

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>	<u>Address</u>	Type of Action
			
E. If amen (attach a	ding or adding additiona additional sheets, if necess	al Articles, enter change(s) here: ary). (Be specific)	
			1
			8.68 111

The date of each amendment(s) adoption: February 9, 2009				
Effective date <u>if applicable</u> :	(date of adoption is required) February 9, 2009			
	(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} Aug	ust 5, 2009			
Signature _				
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	John Famularo			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			