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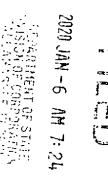
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JAN 31 2020 S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

BEATRICE ROW NAME OF CORPORATION:	V HOMEOWNERS AS	SOCIATION I	NC.
N18000006871 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
ROBERTH GUTLOHN			
	(Name of Contact P	erson)	
BEATRICE ROW HOMEOWNERS ASSOCIATI	ON INC.		
	(Firm/ Compan	y)	
301 ALMERIA AVE SUITE 330			
	(Address)		
CORAL GABLES, FL 33134			
	(City/ State and Zip	Code)	<del></del>
robert@spectrum91.com			
E-mail address: (to be u	sed for future annual re	port notificatio	n)
For further information concerning this matter, plea	ase call:		
ROBERT GUTLOHN	at	305	444-3666
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certil is Certit	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address		reet Address	ia.
Amendment Section		mendment Sect	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BEATRICE ROW HOMEOWNERS ASSOCIATION INC.

(Document Numb	er of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	on:	
		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2511 ANDERSON R	OAD CORAL GABLES FL 33134
Principal office address MUST BE A STREET ADDRESS	1	20.
	_	
		- 102 707 0
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1,300
		POPULATION TO 24
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
Sume by W. Ackisto to Agen.		
	(Fl	orida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		the obligations of the position.

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: XChange X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	DP	TORREALBA, ALIRIO	301 ALMERIA AVE, STE 330 CORAL GABLES FL 33134
x Remove			
2) Change Add	DST	DUCRET, JENNY	301 ALMERIA AVE, STE 330 CORAL GABLES FL 33134
X	<u>DP</u>	ROBERT GUTLOHN	2511 ANDERSON ROAD CORAL GABLES FL 33134
4) Change Add	DST	MARITZA G MONTIEL	2505 ANDERSON ROAD CORAL GABLES FL 33134
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove		Page 2 of 4	
E. If amending or additional sheet		icles, enter change(s) here:	
	<del></del> -		

	<del></del>
	<del></del>
	<u> </u>
Page 3 of 4	
The date of each amendment(s) adoption:, if or date this document was signed.	her than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

1	12/20/2019
Dated _	
Signature	
(E	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ALIRIO TORREALBA
	(Typed or printed name of person signing)
	PRESIDENT