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COVER LETTER

TO: Amendment Section Division of Corporations

El Cabriales Condominium NAME OF CORPORATION:	
N50849 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Maria Madrinan	
(Name of Contact Person)	
(Firm/ Company)	
1398 West 83 Street	
(Address)	
Hialeah Fl 33014	
(City/ State and Zip Code)	
mariamadrinan@att.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Maria Madrinan 305-213-6383 at	
(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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

Articles of Amendment Articles of Incorporation

	to Articles of Incorporation of	2024 DEC -9 F4 T: 06
El Cabriales Condominium		9 84
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N50849		
(Documer	nt Number of Corporation (if known)	7/4
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the	abbreviation "Corp." or "Inc."
Company of Co. may not be used in the name.		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ADDRES		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
•		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the office address:	e name of the
Name of New Registered Agent:	Lidio Run	leingus
_	1305 W 44P	C # 101
New Registered Office Address:	(Florida stree	raddress) Florida 356/2 (Zip Code)
New Registered Agent's Signature, if changing Replaced the appointment as registered agent.		•
	Signature of New Registered Age	nt, if changing

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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: X/Change X/Remove X/Add	PT John Do Y Mike Jo SV Sally Sı	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>×</u> Change Add	<u>PT</u>	Lidio Rodriguez	1305 West 44 PLace Apto 105 Hialcah Fl 33012
× Remove			Jose Garcia
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
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					.
The date of each amendment date this document was signed	t(s) adoption:				if other than the
	- 09/16/2024				
Effective date if applicable:		90 days after amend	ment file data)		· · · · <u>-</u> ·
Note: If the date inserted in the document's effective date on t	nis block does not meet the he Department of State's r	e applicable statutory ecords.	filing requirements,	this date will not be	e listed as the
Adoption of Amendment(s)	(CHECK O	NE)			

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

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
Dated	R. D.		
Signature	3		
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)		
Maria Mad	Irinan		
	(Typed or printed name of person signing)		
Treasure			
	(Title of person signing)		