

N 97 00 0000 7204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

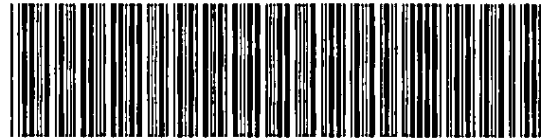
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04/12/22--01012--013 \*\*25.00

2022 AUG -4 11 8:23

cf 8/13/2022

**COVER LETTER**

TO: Amendmen Section  
Division of Corporations

**NAME OF CORPORATION:** RIVERVIEW VILLAS OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT NUMBER:** N97000007204

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS FROST  
(Name of Contact Person)

FROST PROPERTY MANAGEMENT  
(Firm/ Company)

520 NW 165TH STREET ROAD SUITE 101  
(Address)

MIAMI FL 33169  
(City/ State and Zip Code)

YANINA@FROSTPM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS FROST at 786 4716002  
(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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



AUG 04 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 19, 2022

CARLOS FROST  
POST OFFICE BOX 800639  
AVENTURA, FL 33280

SUBJECT: RIVERVIEW VILLAS OF SOUTH BEACH CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N97000007204

We have received your document for RIVERVIEW VILLAS OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

*The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.*

*Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.*

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 422A00016100



RECEIVED

2022 JUL 12 AM 11:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TALLAHASSEE, FL

June 21, 2022

RODRIGO SANTAMARIA \*\*\*2ND MAILING\*\*\*  
POST OFFICE BOX 800639  
AVENTURA, FL 33280

SUBJECT: RIVERVIEW VILLAS OF SOUTH BEACH CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N97000007204

We have received your document for RIVERVIEW VILLAS OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 622A00013885



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JUN 13 PM 12:13

TALLAHASSEE, FL

May 17, 2022

CARLOS FROST  
520 NW 165TH STREET ROAD  
SUITE 101  
MIAMI, FL 33169

SUBJECT: RIVERVIEW VILLAS OF SOUTH BEACH CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N97000007204

We have received your document for RIVERVIEW VILLAS OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 622A00011242

Articles of Amendment  
to  
Articles of Incorporation  
of

RIVERVIEW VILLAS OF SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

2022 JUL -4 11: 8: 23

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

N97000007204

(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:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:*

\_\_\_\_\_

\_\_\_\_\_ *(Florida street address)*

*New Registered Office Address:*

\_\_\_\_\_ Florida

*(City)*

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*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)*

*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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>PANTANO, LAURA</u>	_____
<input checked="" type="checkbox"/> Remove			_____
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Aguirre, Mariangeles</u>	<u>POBOX 800639</u> <u>AVENTURA FL 33280</u>
<input type="checkbox"/> Remove			_____
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP/T</u>	<u>SANTAMARIA, RODRIGO</u>	<u>POBOX 800639</u> <u>AVENTURA FL 33280</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>ROMERO, ROXANA</u>	<u>POBOX 800639</u> <u>AVENTURA FL 33280</u>
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove			_____

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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- 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 7/29/21 \_\_\_\_\_

Signature \_\_\_\_\_

(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)

SANTAMARIA, RODRIGO

\_\_\_\_\_  
(Typed or printed name of person signing)

VP

\_\_\_\_\_  
(Title of person signing)