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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		OMINIUM ASSOCIA	TION,INC.		
	752166	- "			
DOCUMENT NUMBER:					
The enclosed Articles of Am	nendment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
MICHAEL SOBEL					
		Name of Contact Person	on)		
SURF RIDER CONDOMIN	NIUM ASSOCIATION,IN	C.			
*****		(Firm/ Company)			
1441 SOUTH OCEAN BLA	/D				
·		(Address)			
POMPANO BEACH,FL 33	062				
· · · · · · · · · · · · · · · · · · ·	(	City/ State and Zip Co	de)		
MSOBEL@SURFRIDERC	ONDO.COM				
E	-mail address: (to be used	for future annual repor	t notification	1)	
For further information conc	erning this matter, please o	eall;			
MICHAEL SOBEL			54	785-8991	
	(Name of Contact Person)		\rea Code)	(Daytime Telephone Nur	nber)
Enclosed is a check for the f	ollowing amount made pay	rable to the Florida Dep	partment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is seed)	
Mailing A	ddence	S	• • alabama a		

Mailing Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SURF RIDER CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as	currently filed with the	Florida Dept. of State)	
752166			
(Document	Number of Corporation	(if known)	
Oursuant to the provisions of section 617,1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this Florida No	ot For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the co	rporation:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpo	rated" or the abbreviation "Corp"	or "Inc."
3. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )		5
			بيرو
			<del>- 55</del> -
Enter new mailing address, if applicable:			1-
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		. =
			عرا لا
	<u></u>		
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ol>	ed office address in Flo	rida, enter the name of the	
new registered agent and/or the new registered (	nuce address:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		(Florida street address)	
<del></del>	(City)	, Florida (Zip Code)	
	• •	(rap Cinter	
New Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent. If	stered Agent:	want the addigations of the modeling	
постоя восерние аругиниями из гезыметей адень. Т	- ат јатиаг мин ина ас	серсове обидановь ој те ромнов.	
<del></del>	Signature of New 18	egistered 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:  X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	JOSEPH BARISJR	1441 SOUTH OCEAN BLVD
_XAdd			POMPANO BEACH,FL 33062
Remove			
2) Change			
Add			
Remove			
3 ) Change		-	
Add Remove			
4) Change	<del></del>	<u></u>	
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding ad attach additional sheets, if	necessary).	(Be specific	)				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed 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 amend was/were sufficient for approval.	Iment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	:/were
Dated 02/26/2019	
Signature Signature	
(By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	rectors ee, or
MICHAEL SOBEL	
(Typed or printed name of person signing)	<del></del>
DS	
(Title of person signing)	