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(Ad	ldress)	
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Amend

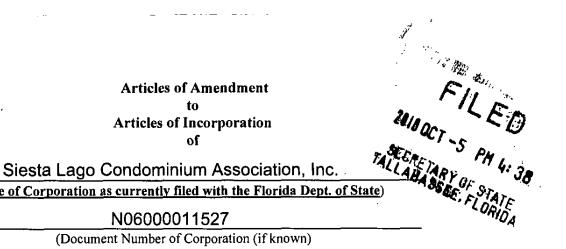
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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: <u>Siesta Lago C</u>	ondominium Association	n, Inc.
DOCUMENT NUM	BER: N06000011527	(Analism)	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		on Sullivan	
	(Name of	Contact Person)	
	BH Eq	juities, L.L.C.	
	(Firm	n/ Company)	
•	400 Locust	Street Suite 790	
	(2	Address)	
<u> </u>	Des Mo	ines, IA 50309	<u> </u>
	(City/ Sta	te and Zip Code)	
	ssullivan@ E-mail address: (to be use	bhequities.com	ation)
For further information	on concerning this matter, pleas	e call:	
Nicholas H. Roby		_{at (} 515 ₎ _244-262	2
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Department	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)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle

Articles of Incorporation



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

(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:

he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company</u> "	contain the word "corporation" or "Co." may not be used in the n	or "incorporated" or the name.
. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>		
Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
(Muning dudiess MAI DLAI OST OT)	TICL BOX	
. If amending the registered agent and/o new registered agent and/or the new re		ida, enter the name of the
		ida, enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	egistered office address:	

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>	Address	Type of Action
PD	Tracy Torres	5400 E. Michigan Street Orlando, FL 32812	☐ Add ☑ Remove
STD_	Rachel Acosta	5400 E. Michigan Street Orlando, FL 32812	
<u>VD</u>	John Smith	5400 E. Michigan Street Orlando, FL 32812	☐ Add ☑ Remove
E. <u>If amen</u>	ding or adding additional Article dditional sheets, if necessary). (es, enter change(s) here: Be specific)	
			 _
		····	

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)

Title Address Type of Action **Name** PD Nicholas H. Roby STD Debbie Sanford VD Rachel Acosta E. If amending or adding additional Articles, enter change(s) here: . (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) add	option: 9/23/2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were
have not	3/2010 nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)
	Nicholas H. Roby (Typed or printed name of person signing)
	President (Title of person signing)

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