

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000240194 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.
Account Number : 076150002103
Phone : (305) 444-0101
Fax Number : (305) 444-0174

And
R. WHITE
AUG 17 2018

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DGALDO@mwbm.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
AKOYA AT BOCA WEST COUNTRY CLUB CONDOMINUM
ASSOCIATI**

Certificate of Status	0
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Page Count	05
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TALLAHASSEE, FLSECRETARY OF STATE
TALLAHASSEE, FL

2018 AUG 16 AM 10:53

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2018 AUG 16 AM 10: 53

Articles of Amendment
to
Articles of Incorporation
ofSECRETARY OF STATE
TALLAHASSEE, FL

AKOYA AT BOCA WEST COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

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

N18000005646

(Document Number of Corporation (if known))Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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

520 SE FORT KING STREET, SUITE A-4

(Florida street address)

New Registered Office Address: OCALA, Florida 34471
(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

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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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P/D	SCOTT SIEMENS	520 SE FORT KING STREET
<input type="checkbox"/> Add			SUITE A-4
<input type="checkbox"/> Remove			OCALA, FL. 34471
2) <input type="checkbox"/> Change	T/D	REBECCA SPOONER	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	VP/D	JAMES SPOONER	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	S	JAMES SPOONER	1148 PARKSIDE CIRCLE N.
<input checked="" type="checkbox"/> Add			BOCA RATON, FL. 33486
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	VP/D	RAMON LLORENS	1450 BRICKELL AVENUE
<input checked="" type="checkbox"/> Add			SUITE 1450
<input type="checkbox"/> Remove			MIAMI, FL. 33131
6) <input type="checkbox"/> Change	VP/D	LUIS LAMAR	1450 BRICKELL AVENUE
<input checked="" type="checkbox"/> Add			SUITE 1450
<input type="checkbox"/> Remove			MIAMI, FL. 33131

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

[illegible]

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The date of each amendment(s) adoption: JULY 27, 2018 if other than the date this document was signed.

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 as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8/14/18
Signature SCOTT SIEMENS
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SCOTT SIEMENS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)