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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Lost Tree Village (Corporation		
DOCUMENT NU	231450			
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	Carl Giancola			
		Name of Contact Person	1	
	Lost Tree Village Corporatio	n		
		Firm/ Company		
	11300 US Highway One, Sui	• •		
	 	Address		
	Palm Beach Gardens, Florida 33408			
	······································	City/ State and Zip Code	2	
	carl_giancola@losttree.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	tion concerning this matter, pleas	se call:		
Carl Giancola		561 626-97 at (11,	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (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 Tallabassee, FL 32314		Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee S. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lost Tree Village Corporation				
(Name o	of Corporation as current	ly filed with the Florida Deg	ot. of State)	***************************************
231450				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation :	dopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation		
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S)
		<u></u>		
				<u>;</u> ;
C. Enter new mailing address, if appli	icable:	N/A		, ,
(Mailing address MAY BE A POST)	OFFICE BOX)	19/74		•
				<u> </u>
				† :
D. If amending the registered agent an new registered agent and/or the new			me of the	
	N/A			
Name of New Registered Agent				
	/Florida et	reet address)		
	** 117731818 318	cer than essy		
New Registered Office Address:		(City)	_, Florida	ode)
		•	•	•
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ns of the position	
The control of the co	er an agem. Tom, jaminu	with the description of the congress	vy 1710. p.113,1131.	
	C+ CM	h		
	signature of New I	Registered Agent, if changing		
Check if applicable		(a) F 5		
☐ The amendment(s) is/are being filed p	utsuant to 8. 607.0120 (11)	(c), r.S.		

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VS	Nicholas White	
Add X Remove			
2) Change	VS	Kathleen Garulli	11300 US Highway one, Suite 100
X Add			Palm Beach Gardens, FL 33408
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
//A	(ME Apreciate)
,	
· · · · · · · · · · · · · · · · · · ·	
	
If an amandment neavides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
'A	
	

. .

The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirer Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	archolder action and shareholder
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The foll for each voting group entitled to vote separately on the amend	Ç
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
5/13/20 Dated	25 M. M.	
Signature	a director, president or other officer – if directors or officers h	ave not heen
	ected, by an incorporator – if in the hands of a receiver, trustee,	
арр	ointed fiduciary by that fiduciary)	
	Natalie Germano	
	(Typed or printed name of person signing)	
	Vice President/Treasurer	
	(Title of person signing)	