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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Whisperi	ng Palms	Condominium, Inc
DOCUMENT NUMBER: 708375		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Associated Property	Manageme Name of Contact Person)	nt
	APM (Firm/ Company)	
8135 Lake Worth Rd., S	Ste B (Address)	<u> </u>
Lake Worth, FL 334	167 City/ State and Zip Code	
admin I Capa 24	17. net for future annual report no	otification)
For further information concerning this matter, please c	all:	
Jonathan Hurtado (Name of Contact Person)	at	561-588-7210 a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay		
■ \$35 Filing Fee ■\$43.75 Filing Fee & E 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	Straat 4	ddrws

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

Whispering Pal	lms Con	dominium Inc.
(Name of Corporation as curr	ently filed with the F	Torida Dept. of State)
7083	15	
(Document Nun	nber of Corporation (i known)
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name	ration" or "incorpore	ited" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>S</u>)	
		22
		75 6 T
Enter new mailing address, if applicable:		经第二
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	1— 1	70.
D. If amending the registered agent and/or registered of		da, 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 Registere	ed Agent:	
hereby accept the appointment as registered agent. I am		ept the obligations of the position.
	Signature of New Re	gistered 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 ge Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Tean Philippe Gar	udree 8135 Lake Worth Rd.,
_ X Add			Ste. B. Lake Worth, FL 33467
Remove			THE WORLD, IL 33401
2) Change	PT	Paul Funk	8135 Lake Worth Rd.,
Add			Ste B.
X Remove			Lake Worth, FL 33467
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)				
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The	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not become the date on the Department of State's records.	oe listed as the
Add	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
Ø	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	
	Signature Ilfattilles	
	(By the effairmation 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)	
	Team-Philippe GAUVRCE (Typed or printed name of person signing)	
	(Title of person signing)	