711440

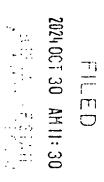
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION		dominium Corporation,	Inc	
DOCUMENT NUMBER:	711440			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Maria В. Calcerrada				
	-	(Name of Contact Pers	on)	
Point East Two Condominio	um Corporation, Inc			
	- 	(Firm/ Company)		
2895 Point East Drive				
		(Address)		
Aventura, FL 33160				
		(City/ State and Zip Co	de)	
pointeastcouncil@outlook.c	om			
E	-mail address: (to be used	for future annual repor	t notification	n)
For further information cond	cerning this matter, please	call:		
Maria B. Calcerrada		at		9313960 ext 103
	(Name of Contact Person) (4	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	ayable to the Florida De	partment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status ed Copy tional Copy is sed)
Mailing A	Address		t Address	
	ent Section		idment Secti ion of Corpo	
Division of P.O. Box	of Corporations		Centre of T	
	e, FL 32314			Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation

2024 OCT 30 AM 11: 30 of Point East Two Condominium Corporation, Inc (Name of Corporation as currently filed with the Florida Dept. of State)

711440		
(Госил	nent Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporati	on:
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	i "corporati e.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica		N/A
(Principal office address MUST BE A STREET A	DDRESS)	
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	N/A
(Mulling address MAT BE AT OBT OF THE	<u></u>	
	•	
D. If amending the registered agent and/or regi	stered offic	e address in Florida, enter the name of the
new registered agent and/or the new register		<u>idress:</u>
Name of New Registered Agent:	N/A	
	N/A	
		(Florida street address)
New Registered Office Address:		
	N/A	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if changing I	Registered .	Agent:
I hereby accept the appointment as registered agen	it. I am fan	niliar with and accept the obligations of the position
,		
-	Sig	nature of New Registered 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>r</u>	Mabel Sajazar	2851 Leonard Drive Apt# J-407
× Remove			Aventura, FL 33160
2) Change * Add	<u>T</u>	John S. Kilpatrick	2851 Leonard Drive Apt # J-402
Remove 3) Change Add Remove			Aventura, FL 33160
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A	<u>.</u> .		
	<u> </u>		

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		•				
The date of each amendmen date this document was signed	t(s) adoption: _ l.	3/14/24		·		, if other than th
Effective date <u>if applicable</u> :					-	
Note: If the date inserted in the document's effective date on the	his block does n the Department	ot meet the app of State's recor	licable statutory ds.	filing requiren	nents, this date will r	ot be listed as the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Adoption of Amendment(s)

Dated	9/6/24
Dateu	
Signature	maria & Calcende
	(By the chairman or 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)
	MADIA B CALCERRAYA
	<u>ΜΡΑΙΑ Β CALCERRASA</u> (Typed or printed name of person signing)
	. , ,