712660

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	C. A CONDOMINIUM	1 CORPORA	TION
712660 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr			
Please return all correspondence concerning this matte	er to the following:		
JESSICA MACERA			
	(Name of Contact Per	son)	
GOLDEN PROPERTY MANAGEMENT SERVICES	S		
	(Firm/ Company)		
4099 TAMIAMI TRAIL N., SUITE 403			
	(Address)		
NAPLES, FL 34103			
	(City/ State and Zip C	ode)	
ACCOUNTING@GOLDENPROPERTYMANAGEN	MENTSERVICES.CO	М	
E-mail address: (to be used	For future annual repo	ort notification	1)
For further information concerning this matter, please	call:		
JESSICA MACERA		239	455-0459
(Name of Contact Person) (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	nyable to the Florida D	epartment of	State:
\$35 Filing Fee		Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address endment Sect ision of Corpe Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SAND CASTLE INC. A CONDOMINIUM CORPORATION.

(Name of Corporation as currently filed with th	<u>e Florida D</u>	ept. of State)	
712660			e,
(Docur	nent Numbe	er of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporati	on:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorpora	The new eted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		C/O GOLDEN PR	OPERTY MANAGEMENT SERVICES $oldsymbol{\mathcal{L}}$
(Principal office address MUST BE A STREET A	ADDRESS)	4099 TAMIAMI	FRAIL N., SUITE 403
		NAPLES, FL 3410)3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	C/O GOLDEN PI	ROPERTY MANAGEMENT SERVICES LLC
		4099 TAMIAMI T	RAIL N., SUITE 403
		NAPLES, FL 34	103
D. If amending the registered agent and/or reginew registered agent and/or the new register			da, enter the name of the
Name of New Registered Agent:			NAGEMENT SERVICES LLC
	4099 TAM	MAMI TRAIL NO	RTH, SUITE 403
New Registered Office Address	;		(Florida street address)
	NAPLES		, Florida 34103
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			ept the obligations of the position.
The state of the s	/		
•	Sig	gnesse of New Reg	sistered 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: XChange X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	vP	urbas, Larry	4099 Tamia: TIL N, SR 403 Naplas, FL 34103
2)ChangeAdd	<u> </u>	Stephan Paul	4099 Tamini Trlp. Sk403 Neple , FL 34123
Remove Change Add Remove	, <i>P</i>	Ricketts, blenn	4099 Tamini Tr1 N 54403
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit		ional Articles, enter change(s) here: essary). (Be specific)	

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	-	
-		
The date of each amendment(s) adoption:	8/31/2020	. if other than the
date this document was signed.		
Effective date if applicable: 9/1/2020		
interve date in appreciate.	10 more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not at of State's records.	be listed as the
Adoption of Amendment(s) ((CHECK ONE)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

adopte	d by the board of directors,
	08/31/2020 Dated
	Vala . The least
	Signature / Med aveca
	(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)
	Maria Cabrera
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were