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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations The Vistas of Boca Lago Condo, Assocl The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: abinowitz (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) mant @ comcast. net For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & \Bigcup \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

Articles of Incorporation of

| I'VE VISTUS OF BUZZA | Lago Conclos Mostely. |
|---|--|
| (Name of Corporation as current | tly filed with the Florida Dept. of State) 1914 |
| 734 | FS12 |
| (Document Numbe | er of Corporation (if known) |
| Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation: | es, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | on: |
| nla | The new |
| name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name. | tion" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | same |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 7 |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Ma ?: |
| | ယ္ |
| | |
| | |
| D. If amending the registered agent and/or registered office | |
| new registered agent and/or the new registered office ad | |
| Name of New Registered Agent: | Dard Kabindul R Boxa Lago Management |
| 903 | 9 Vista Del Lago |
| New Registered Office Address: | (Florida street address) |
| New Registered Office Address. | - a Patro 22428 |
| | (City) (Zip Code) |
| | (Cny) (Zip Code) |
| New Registered Agent's Signature, if changing Registered | |
| I hereby accept the appointment as registered agent. I amfan | niliar with and accept the obligations of the position. |
| 1 do | 1/2//whan |
| Sig | gnature 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 | | Doe 2 Jones 2 Smith | |
|-----------------------------------|-------|---------------------------|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) X Change Add | D | Alvin Berger | #30E |
| Remove | | | Boca Raton, Fr. 334 |
| 2) Change | VP | James Kirchoff | 21140 Juego Circle #19A |
| Remove 3) Change | P | Howard Rabinowitz | Boxa Raton, Fi 3343. 21452 Juego Circle #316 |
| Add Remove | | | Bica Raton, Fi 3343 |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| all other officers & directors Lemain the same. |
| Lemain the same. |
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| The date of each amendment(s) adoption date this document was signed. Effective date if applicable: | ion: 4/13/19 1D/3/19 (no more than 90 days after amendment file date) | , if other than the |
|--|--|--------------------------------|
| Note: If the date inserted in this block do document's effective date on the Departm | oes not meet the applicable statutory filing requirements, this | date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted was/were sufficient for approval. | ed by the members and the number of votes cast for the amend | ment(s) |
| There are no members or members e adopted by the board of directors. | entitled to vote on the amendment(s). The amendment(s) was | /were |
| Dated | 2 Robert - | |
| (By the chairman have not been sel other court appoint | or vice chairman of the board, president or other officer-if directed, by an incorporator – if in the hands of a receiver, truste inted fiduciary by that fiduciary) | ee, or |
| Hou | sard Rabinowitz | |
| | (Typed or printed name of person signing) | |
| Pi | resident | |

(Title of person signing)