737593

(Red	questor's Name)		
(Add	lress)	,	
(Add	dress)		
(City	//State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bus	siness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to F	Filing Officer:		
		·	

Office Use Only

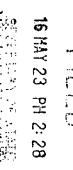


300285686623

05/23/16--01003--019 **35.00

And

MAY 24 2016 R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MARASAGO CAY HOMEOWNERS ASSOCIATION DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARK Detchon (Name of Contact Person) (Firm/Company) 6280 S. ASh LANE (Address) be used for future annual report notification) For further information concerning this matter, please call: DONNA GROSSO (Name of Contact Person) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

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

Articles of Incorporation

FILED

			01	16 HAY 23 PM 2: 28
MARALA	90 CAY	Hemeowner	S HSSOCIA	TION THE
	(Name of	Corporation as curre	S ASSOCIA	rida Dept. of State)
7373	793			
		(Document Num	ber of Corporation (if k	nown)
Pursuant to the proamendment(s) to its			ites, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. <u>If amending na</u>	ame, enter the ne	w name of the corpora	tion;	
N	10			The new
name must be disti	nguishable and co	ntain the word "corpor	ation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
"Company" or "C			·	
B. <u>Enter new pri</u>	ncinal office addr	ess if anniisable:		
		A STREET ADDRESS	(2)	
C. Enter new ma		<u>ipplicable:</u> <u>ST OFFICE BOX</u>)		
(Matting addre	SS MAI BE A PU	SI OFFICE BUA		
				
				, enter the name of the
		new registered office		
1	<u>Vame of New Regi</u>	stered Agent: 🏒 🎉	AK Detebo	<i>N</i>
•		60	80 S. Ash	Inne
				lorida street address)
	New Registered C	office Address:		
		21	NTONA	Florida 33162
		*****	(City)	(Zip Code)
New Decistered A	gant's Signatura	if changing Registere	d Aganti	
I hereby accept the	e appointment as r	egistered agent. I am j	a Agent: familiar with and accep	t the obligations of the position.
- -		- · · · · · · · · · · · · · · · · · · ·	`	- · · ·
		m	(n 1 1)	1.6.
			Signature of New Regis	stered 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 <math>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 Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	P	GREISI, Joseph	6421 Dogwood LANG LANTANA, Fl 33462
2) Change Add Remove	D	Diedrich MARGARet	4159 4th Ct LANDANA FI 33462
3)	<u>P</u> _	Detchon, MARK	6427 BIRCH LN. LANTANA FI 33462
4)	I	DESHAUTEUR, Lily	6258 S. Joshua LN LANTANA, FI 33462
5)	D	MICKELSEN Colleen	4139 2 x0 C+ LANTONA, F/ 33412
6) Change Add Remove	D	Kessler, AMY	4026 8th C1. LANTANA FI 33462
		Page 2 of 4	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment aval.	nt(s)
There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/well ctors.	re
Dated <u>5-/</u>	9-2016	
Signature M	al Detrho	
(By the ch	airman or vice chairman of the board, president or other officer-if direct been selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	ARK DETCHON (Typed or printed name of person signing)	_
<u></u>	RESIDENT (Title of person signing)	