741806

| - |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



000371725250

08/16/21--01029--011 **35.00

R 17h II AUG 25 2021

COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION: | Condo Assocation | | |
|--------------------------------------------------------------|---------------------------------------|------------------------------------------------------|------------------------------------------------------------------------|
| 741806 BOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are | e submitted for filing. | | |
| Please return all correspondence concerning this | matter to the following: | | |
| Raffie Hamilton | | | |
| | (Name of Contact | Person) | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | (Firm/ Compa | ny) | |
| 4354 Charing Cross Rd | | | |
| | (Address) | | , |
| Sarasota FL 34241 | | | |
| | (City/ State and Zi | p Code) | |
| raffiehamilton@verizon.net | | | |
| E-mail address: (to be | used for future annual i | eport notificatio | n) |
| For further information concerning this matter, p | lease call: | | |
| Raffie Hamilton | | 941 at | 685-2441 |
| (Name of Contact P | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount ma | ade payable to the Florid | a Department of | State: |
| \$35 Filing Fee | | Certif y is Certif (Addi | 0 Filing Fee Teate of Status Ted Copy tional Copy is osed) |
| Mailing Address Amendment Section Division of Corporations | 7 | Street Address Amendment Sect Division of Corp | |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| | 171 | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|------------------------------|
| MANGROVE BAY CONDOMINIUM ASSOCIATION, | INC. | ٠., | 17 11:10 |
| Name of Corporation as currently filed with the Florid | la Dept. of State) | | |
| 741806 | | | |
| . (Document Nu | mber of Corporation | (if known) | |
| Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation: | tutes, this <i>Florida N</i> o | ot For Profit Cor | poration adopts the followin |
| A. If amending name, enter the new name of the corpo | ration: | | |
| | ··· | | The new |
| name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. | oration" or "incorpo | rated" or the abb | reviation "Corp" or "Inc." |
| | | | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> | | | |
| Timeput office united intograde ASTREET ADDRES | <u></u>) | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | | |
| | | | , |
| | | | |
| | | - | |
| If amending the registered agent and/or registered of new registered agent and/or the new registered office | office address in Flor | rida, enter the na | ime of the |
| | | | |
| Name of New Registered Agent: | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | (Florida street add | ress) = |
| <u> </u> | | | |
| | (Citv) | | Florida (Zip Code) |
| | • | | (Zip Code) |
| New Registered Agent's Signature, if changing Register | ed Agent: | | |
| hereby accept the appointment as registered agent. Lam | jamiliar with and ac | cept the obligatio | ns of the position. |
| | | | |
| | Signature of New Re | mictarial Come : | |
| | эвласан тэхий К | SSENIOREO AURITA L | a minging |

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 | ones | |
|----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change Add | <u>S</u> | Suzanne Fong | 9240 Midnight PASS RD UNIT C SARASOTA FL 34242 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | icles, enter change(s) here: (Be specific) | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | ** | |
| | | | |

| | <u>.</u> | | · · · · · · · · · · · · · · · · · · · | | |
|-----------------------------------------------------------------------|------------------|-----------------|---------------------------------------|-------------------------------------|-----------------------|
| | | | | | <u></u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · | |
| | | | | | |
| | | | | | • • |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | <u>-</u> . | | |
| | | . . | | | . , |
| | | | <u> </u> | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | · | | | | |
| | | | | | |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| The date of each amendment(s) adoption:date this document was signed. | | | <u> </u> | | , if other than the |
| Effective date if applicable: | | | | | |
| (no m | ore than 90 day: | s after amendn | ient file date) | | |
| | 1 12 | 11 | | معالم معالم المعالم المعالم المعالم | at his lictard on the |

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(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.

| Dated | 8/12/2021 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signatur | e MA |
| | (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) |
| | |
| | Raffie Hamilton |
| | Raffie Hamilton (Typed or printed name of person signing) |
| | |

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