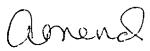
742194

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A. RAMSEY
JAN 39, 2024

COVER LETTER

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Key Colony No. 2 CONDONINEUR ASSOC
DOCUMENT NUMBER: 742194
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ADAN HERNANDEZ (Name of Contact Person)
Key Colony No. 2 Consortwill ASSOCIATION, IN
251 CRANDON BOULEVARD
Key BISCAYNG FL 33/49 (City/ State and Zip Code)
(City/ State and Zip Code)
KeyColony2@bell50uth.net E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
ADAN HERNANDEZ 11 305-361-9351
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

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Articles of Incorporation

(Name of Corporation as currently filed with the Flo	The state of the s	TUH HOSOCIATION, X
74214	94	783
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the <u>name</u> .	orporation" or "incorporated	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept	the obligations of the position.
	Signature of New Regista	ered 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 E Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	5_	MARCELLA HOROWITZ	251 CRANDON Blvd. WITH KAY BISCAYNE, FL 300
Remove 2) Change Add	_D_	SOBASTIAN CONTATOR	251 CRANDON Blod UN Key BISCAYING, FL 33/49
Remove 3) Change Add 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)	
			

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				······································
		()		
The date of each amendment(s) adopt date this document was signed.	ion: Novembe	13th, 20)23	_, if other than the
Effective date if applicable:	ovember 13	3th, 2023	3	·····
	(no more than 90 days a	fter amendment file date)		

<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.

adopted by the board of directors.
Dated Signature Signature
(By the chairman or vice chairman of the board, president or other officer-if directors
have notbeen selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
H.F. Rewes
(Typed or printed name of person signing)
(Title of person signing)

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