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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	KER DORADO CON	DOMIN	IIUM AS:	SOCIATION, INC.
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are st	ubmitted for filing.			
Please return all correspondence concerning this ma	itter to the following:			
	David T. Podein,	Esq.		
	(Name of Contact	Person)		
	Haber Law, P.A	-		
	(Firm/ Compa	any)		
	251 NW 23rd S	treet		
	(Address))		
	Miami, Florida	33127		
	(City/ State and Z	ip Code)		
	dpodein@haber.l	aw		
E-mail address: (to be u	sed for future annual	report no	otification	
For further information concerning this matter, plea	ase call:			
David T. Podein		305		379-2400
(Name of Contact Pers	son)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florid	da Depar	tment of S	State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of State			Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	Address nent Secti n of Corpo Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Parker Dorado Condominium Association, Inc.

(Name of Corporation as currently	y filed with the Florida Dept. of State)	
7448		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, unendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the	following
. If amending name, enter the new name of the corporation	<u>n:</u>	
		_The new
name must be distinguishable and contain the word "corporation of the corporation of the	on" or "incorporated" or the abbreviation "Corp."	or "Inc."
3. Enter <u>new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)		701
,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
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D. If amending the registered agent and/or registered office	address in Florida, enter the name of the	
new registered agent and/or the new registered office ad	ldress: Haber Law, P.A.	
Name of New Registered Agent:	251 NW 23rd Street	
	(Florida street address)	·
New Registered Office Address:	22122	
Miami 	Florida 33127	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position	
Si	nature 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 Doc 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sully Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
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3) Change			
Add			
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f amending or adding attach additional sheets	, if necessary).	(Be specific)				
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The date of each amendment(s) adoption	I;	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will no ent of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
There are no members or members en adopted by the board of directors.	utitled to vote on the amendment(s). The amendment(s) was/were	
Dated OCTOBER Signature	Mydims	·—
(By the chairman o	or vide charman of the board, president or other officer-if directors exted, by an incorporator - if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
MAR	(Typed or printed name of person signing)	
	(Typed or printed name of person signing) cutive Vice President	
Exe	(Title of person signing)	
	(Title of beison signing)	