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JUL 17 2017

COVER LETTER

TO: Amendment Section Division of Corporations PINE BEACH SOUTH ASSOCIATION, INC 746408 NAME OF CORPORATION: _ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 5,4A BLOSSOM (Name of Contact Person) (Firm/ Company) DELRAY BEACH, FL 33483 (City/ State and Zip Code) SIMABLOSSOM D CHAIL, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SIMA BLO SSOM at S61 25 / 7636
(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 Certificate of Status Certified Copy (Additional copy is enclosed)

\$\int \text{S35 Filing Fee} \text{Certified Copy} \text{Certified Copy} \text{(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

	to Articles of Incorporation	
	•	17.77 () 1 () 4 () 4 ()
PINE BEACH SOUTH A (Name of Corporation as of 746408	ASSOCIATION, /	ひと
(Name of Corporation as	currently filed with the FI	orida Dept, of State)
746408		
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not I	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
NIA		The same
name must be distinguishable and contain the word "co"Company" or "Co." may not be used in the name.	orporation" or "incorporat	ed" or the abbreviation "Corp." or "Inc."
	1/4	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	u N/A	
	<u></u>	
D. If amending the registered agent and/or registered	ad office address in Florid	n antar the game of the
new registered agent and/or the new registered of		a, enter the name of the
Name of New Registered Agent:	N)a	
Same of New Registered Agent.	1-18	
	(Florida street address)	
New Registered Office Address:	•	r tortuu sireer guaressy
		, Florida
_	(City)	(Zip Code)
Name Distriction of America State of the Control of		
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		pt the obligations of the position.

Signature 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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	-ρ	FRANK DELLAQUILA	1 GLEWCAIRN LANE ST. LOUIS, HO 63124
Remove 2) Change Add	_ρ_	BEVERLY JOHASON	2566 CORTINA LANE VAIL, CO 81657
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

	e date of each amendment(s) adop e this document was signed.	otion: <u>5014 10, 2017</u>	, if other than the
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	ie: If the date inserted in this block ument's effective date on the Depa	does not meet the applicable statutory filing requiremen rtment of State's records.	ats, this date will not be listed as the
Adoption of Amendment(s)		(<u>CHECK ONE</u>)	
×	The amendment(s) was/were ado was/were sufficient for approval.	oted by the members and the number of votes cast for the	: amendment(s)
	There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment	(s) was/were
	Dated	4 10, 2017	
	Signature	Helmy	
	(By the chairm have not been	an or vice chairman of the board, president or other office selected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)	
		FRANK T. DELLAQUILA (Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	