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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MIRAMAR HOMEO	WNERS ASSOCIA	ATION, INC.
DOCUMENT NUMBER:	750	954	
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following	ng:	
	JULIO MAI	.QUI	
	(Name of Conta	ct Person)	
	(Firm/ Com	ipany)	
	204 MIRAMA	AR LN	
	(Addres	ss)	
	PALM BEACH GAR	DENS, FL 33410	
	(City/ State and	Zip Code)	
	MIRAMARHOA@	GMAIL.COM	
E-mail address:	(to be used for future annu-	al report notification	π)
For further information concerning this ma	atter, please call:		
JULIO MAI	.QUI	561 at	568-4559
(Name of Con	tact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	ant made payable to the Flo	rida Department of	State:
■ \$35 Filing Fee	ng Fee & S43.75 Filing of Status Certified Cop (Additional centilesed)	y Certifopy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	of	-
MIRAMAR HO	MEOWNERS ASSOCIATION	, INC.
Name of Corporation as currently filed with the Flor	rida Dept. of State)	<u> </u>
	750954	
(Document N	Number of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For P</i> o	rofit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The net
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	VESS)	
Trincipal office dataress MySt Di. ASTABLE TODA		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) 204 MIRAMAR LN	
	PALM BEACH GARDE	NS, FL 33410
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ter the name of the
Name of New Registered Agent: 420	COLUMBIA DRIVE SUITE 1	10
		a street address)
New Registered Office Address:		
we:	ST PALM BEACH	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It		obligations of the position.
	Signature of New Registered	I Avent, 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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	JASON ZELINSKI	MIRAMAR LN, PALM BEACH GARDENS, FL 33410
x Remove			
2) <u>*</u> Change Add	PT	JULIO MALQUI	MIRAMAR LN, PALM BEACH GARDENS, FL 33410
Remove 3) × Change Add Remove	<u>V</u>	DANA THOMPSON	MIRAMAR LN, PALM BEACH GARDENS, FL 33410
4) Change Add	<u>D</u>	TRAC! LOWE	MIRAMAR LN, PALM BEACH GARDENS, FL 33410
Remove			
5) Change × Add	D	ALICIA HALL	MIRAMAR LN, PALM BEACH GARDENS, FL 33410
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
1,7,7,7,7			

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		_
	,	
The date of each amendment(s) adopt date this document was signed.	otion:, if other	her than the
Effective date <u>if applicable</u> :	•	
wate it applications	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listertment of State's records.	d as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes east for the amendment(s)	

.

adopted by the boar	rd of directors.
Dated _	01/16/2025
Signature	Marset Milliam
(Î	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)
	MARGARET MALBAURN
	(Typed or printed name of person signing)
	SECRETARY

(Title of person signing)

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