## 754320

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: COSta Del SOL	Resort condominium ASSUC. Inc
DOCUMENT NUMBER: 754320	
The enclosed Articles of Amendment and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the following	owing:
Douid cornelison	
	ontact Person)
(Diam) (	Company)
<b>—</b> 1	company)
4220 El MOR Drive	<del></del>
(Add	dress)
Louderdole, By The Sea, I	-L- 33308 and Zip Code)
·	
Jgm @ COStadel. Com E-mail address: (to be used for future as	nnual report notification)
For further information concerning this matter, please call:	
Rebecca Escubal	at 954-776-6900 x 402
(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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Fil Certificate of Status Certified (Additional enclosed)	Copy Certificate of Status al copy is Certified Copy
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

COSTA DEL SOL RESORT CONDOMINIUM ASSOCIATION, INC

2024 DEC 10 PM 12: 55

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	- <del>- (44 NFC 10 PM 12</del> :
75	4320	Less Want of STAT
· · · · · · · · · · · · · · · · · · ·	Number of Corporation (if kno	own) TALLAHASSEE. FLORI
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the con	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	RESS )	
	,	
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()	
(		
		<del></del>
D. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flor	ida street address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accept to	he obligations of the position.
	(I) (M. 5.)	
	Signature of New Register	red 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 I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	工	Barbara Turley- MCFNHYTE	134 Dimson Ave auelph, N10 4PZ, canada
Remove  2) Change Add		John Brock Ali	201 Beylerry Court HCMUrroy, PA. 13317
Remove 3 ) Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
F. If amending or addi (attach additional she	ng additional Apets. if necessary).	ticles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: 11/26/2024 if other than the
date this document was signed.
The date of each amendment(s) adoption: 11/26/2024
<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 east for the amendment(s) was/were sufficient for approval.

Dated

11. 29. 24

Signature

(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)

Dwip P. Cornell Son

(Typed or printed name of person signing)

Via President of the Board of Directors

(Title of person signing)

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

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