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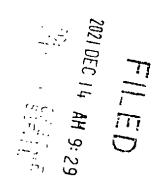
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C. BRUMBLEY

COVER LETTER

NAME OF CORPORATION: Lakeside Villas at Bonquentu Coindominium association, Iac.
DOCUMENT NUMBER: 7561/8
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa Monticelli, Presaccent
Lakeside VIIIas at Bona Venture Condomiffing Company, association
_ 303 La Keside Villas
(Address)
Survise, Fl. 33326
(City/ State and Zip Code)
Villas Lake Side 2 @ Grail. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Monticelli at 954-709-0205 (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 & ☐ \$52.50 Filing Fee & ☐ \$5

Mailing Address

TO: Amendment Section

Division of Corporations

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

Articles of Incorporation	
Lakeside Villas at BonAventure	. !
(Name of Corporation as currently filed with the Florida Dept. of State)	بررم
756118	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: 303 Lakeside Court (Principal office address MUST BE A STREET ADDRESS) SUN VISE FI 3332L	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7
AH 9:	ED
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 address:	
Name of New Registered Agent: Melissa Monticelli	
303 Lakeside Court	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Sunrise Florida Fl 33326 (City) (Zip Code)

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		Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	ž	<u>Addres</u> s
1) Change Add	<u>P,D</u>	Riordan, D		BOY Indian Trace
Remove 2) Change Add	PD	monticelli	melis	Weston, Fl 3332/L SSG 363 Lakesid Suncise, Fl 3332
Remove 3) Remove Add Remove	Tresu	rer Bettini,	T.L. 3	Weston, Rd.
4) Change Add	Tresurer	Rose, Jacqu	_	245 Lakeside Cir
Remove 5) Change Add	S <u>ecre</u> ta	y Koman, D	<u>.5</u> <u>.7.</u> <u>3</u>	Sunrise, F1 33321 3U4 Laxeside Ct 1= 107
Remove 6) Change Add	Secretor	y <u>Petro</u> , She	<u> </u>	Weston, 7=1 33321 309 Lakeside Ct.
	adding additional A I sheets, if necessary	rticles, enter change(s) here: . (Be specific)		Sunlise, Fl 3332

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- Oth ocal
The date of each amendment(s) adoption: December 9th, 2021, if other than the date this document was signed. Effective date if applicable: December 9th 2021
date this document was signed.
(no more than 90 days after amendment file date)
Note: 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 cast for the amendment(s)

was/were sufficient for approval.

re are no members or members entitled to vote on the amendment(s). The amendment(s) was/were pted by the board of directors.
Dated 12/15/2021
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)
Melissa Monticelli (Typed or printed name of person signing)
President (Title of person signing)
melissa montriell

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