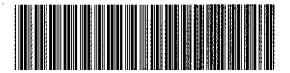
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Twin Ho	mes Condominium	Association, Inc.
DOCUMENT NUMBER: 757 280		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
<u>Luis</u> Labra	idor	·
(Name of C	Contact Person)	
(Firm/	Company)	
,		
2542 S.W. 6	ddress)	,
Miami H (City/ State	3313 3 - 22 e and Zip Code)	-38
Zenaida labrador E-mail address: (to be used	o ymail. Lom for future annual report notification	on)
For further information concerning this matter, please	call:	
Luis Labrador (Name of Contact Person)	_at(305)285-	2486
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department o	f State:
\$35 Filing Fee \$\sum \text{\$\sum \\$43.75 Filing Fee & Certificate of Status}\$	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (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 C	ŕ

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Twin Homes (ondoninium Association SEPTETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. 1015 tate)

(Name of Corporation as Currently free with the Figure Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

2542 Condominium ne new name must be distinguishable and cobreviation "Corp." or "Inc." "Company" o	ontain the word	"corporation" or "in	corporated" or the
Enter new principal office address, if app Principal office address MUST BE A STREE			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		3	
	-	<u>د.</u> :	
If amending the registered agent and/or r new registered agent and/or the new regis			nter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florid	la street address)	
•		(City)	, Florida (Zip Code)
	ng Registered Ag	ent:	•

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			——————————————————————————————————————
		<u> </u>	
E. <u>If ame</u> (attach	ending or adding additional A additional sheets, if necessary	Articles, enter change(s) here: a). (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		
			

The date of each amendment(s) ac	option:
Effective date if emplicable	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated	5/11
Signature	in Lamolos
(By the c have not	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	Luis Labrador
	(Typed or printed name of person signing)
	President
	(Title of person signing)