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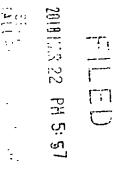
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Amend

AFR U 2 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Camelot Shores Condominism Association,	Inc.
DOCUMENT NUMBER: 7578/ >	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mike Williams (Name of Contact Person)	
Camelot Shores (Firm/Company)	
SD/ NE 18th Cd #100 (Address)	
Fort Carderalale FC 33305 (City/ State and Zip Code)	
Camelot Shores @ gmail. 10.	
For further information concerning this matter, please call: $ \frac{Mill MilliamS}{\text{(Name of Contact Person)}} = \frac{454)774 - 465}{\text{(Area Code)}} $ (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing Address Street Address Amondment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CAMELOT SHORES CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) 757812 (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: A. If amending name, enter the new name of the corporation: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Shelley, Eric	801 NE 18 ct 4100
Add Remove			Fort lauderdale ,71 33305
2) Change	L	Fieri Anthony	Fort Carderdale Fl 33365
Remove 3) Change Add	$\underline{\underline{\lambda}}$	Fier, Anthony	
Remove			
4) Change Add Remove			
5) Change			
Add			
6) Change			
Add Remove			

attach additional sheets, if necessar	v). (Be specific)	
	· n. ·	
· 	20 20 A 1 A 1 A	
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The date of each amendment(s) adoption: _ late this document was signed.	03	3/11	2019	7	_, if other than the
Effective date if applicable:) more than 90 days afi		a Clar Ind A		
(no) more inan 90 aays aji	ier amenamen	i jue aare)		
Note: If the date inserted in this block does not locument's effective date on the Department		statutory filing	g requirements.	this date will not l	be listed as the
Adoption of Amendment(s) (C	CHECK ONE)				
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the n	number of vote	es cast for the ar	nendment(s)	
There are no members or members entitl adopted by the board of directors.	ed to vote on the amend	dment(s). The	e amendment(s)	was/were	
Dated 3-	19-19 Non / lll				
Signature Multiple	You / Ill	uu	1_		
have not been selecte	ce chairman of the boad, by an incorporator – fiduciary by that fiduc	if in the hand			_
Mile	(Typed or printed	l name of pers	Son signing)		
Pre	sident				

Section Section 19

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