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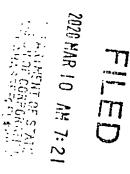
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PASS-A-GULLE BOCICH (ODD Phase 1 ASSOC.INC.
DOCUMENT NUMBER: 760013
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephanie Hendrix (Name of Contact Person)
Lamont Manaigement (Firm/ Company)
250 104th Avenue
Treasure Island FL 33706 (City/ State and Zip Code)
Stephante Quanont management. Com E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Stephonic Hendrix at (727) 360-3644 (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 & Certificate of Status

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

Articles of Incorporation of
PASS-A-GILLE BOOCH MOTEL 10C. (Name of Corporation as currently filed with the Florida Dept. of State)
760013
(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:
PASSA-GILLE BEACH CONDO PASCI ASSOC. MC. 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: (Principal office address MUST BE A STREET ADDRESS) St. Pett Park, Fl 33700
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) TROSUIC ISLAND, FL 33700
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: Lamont Management
<u>250 IOLITA PRODE</u> (Florida street address) New Registered Office Address:
THEASURE 15/CITY , Florida 33706 (City) (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.
200 mg/s -
Signature of New Registered Agent, if changing ARD ARD SIGNATION Page 1 of 4
Page 1 of 4

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.

mand before by the first	mice, with builty timeting	, , , , , , , , , , , , , , , , , , , ,	
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Treckurer	Deborah lang	Clo Lamont Management
Remove 2) Change Add	Sec	Pamela Buchanan	Through Island, FL 33700 Clo Lamont Wanagement 250 10440 Ave U
Remove 3) Change Add Remove	Traverer	Ana Rumore.	Trasure Island, FL 33706 LO Lamont Minagement 250 1044 Ave Trasure Island, FC 3370k
4) Change Add			
Remove 5) Change Add		·····	
Remove 6) Change Add			
E. If amending or a (attach additional)	dding additional Art sheets, if necessary).	Page 2 of 4 ticles, enter change(s) here: (Be specific)	

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		Page 3 of 4		
The date of each amendment(s) adoption: date this document was signed.				_, if other than the
Effective date if applicable:				
Note: If the date inserted in this block does a document's effective date on the Department			requirements, this date will not	be listed as the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and	i the number of votes	cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated $\frac{2/27/20}{}$
Signature Brenda L. Sturgeon
(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)
BRENDA L. STURGEON
(Typed or printed name of person signing)
(Title of person signing)