161270

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ATION, INC.
761270	•
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	`
Please return all correspondence concerning this matter to the following:	
Kristen Hubler	
(Name of Contact Person)	
Premier CAM Services, ELC	
(Firm/ Company)	
PO Box 152047	
(Address)	
Cape Coral, FL 33915	
(City/ State and Zip Code)	
admin@premiercams.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kristen Hubler 239 21	7-6599
	aytime 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 Filing Fee S52.50 Filing Fee S6 Certificate of Status Certified Copy (Additional copy is enclosed) Certificate Of Status Certified Copy (Additional copy is enclosed)	of Status Copy I Copy is

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 Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, INC.					
(Name of Corporation	as current	ly filed with the Flo	orida Dept. of State)	11	
761270				41.1	
(Docum	nent Numbe	er of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not F</i>	or Profit Corporation a	dopts the following	
A. If amending name, enter the new name of the	e corporati	on:			
				The new	
name must be distinguishable and contain the word		ion" or "incorporate	ed" or the abbreviation	"Corp," or "Inc,"	
"Company" or "Co." may not be used in the name	<u>e</u> .	2.126 Marinatawa I	C4 ?		
B. Enter new principal office address, if applicable:		3436 Marinatown Lane Ste 3			
(Principal office address <u>MUST BE A STREET A</u>	<u>DDKESS</u>)	North Fort Myers, FL 33903			
			····		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o Premier CAM Services, LLC			
		PO Box 152047			
		Cape Coral, FL 339	015		
D. If amending the registered agent and/or regis			a, enter the name of the	<u>e</u>	
new registered agent and/or the new register	•				
<u>Name of New Registered Agent:</u>		AM Services, LLC			
	3436 Marinatown Lane Ste 3				
N. B. C. LOG. AL.	(Florida street address)				
New Registered Office Address:		(Museum		33903	
	North For	•	, Florida	1	
		(City)	(2.1р	Code)	
New Registered Agent's Signature, if changing I					
I hereby accept the appointment as registered agen	it. Tam fan	nitiar with and accep	the obligations of the	position.	
		())		

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	<u>V</u> <u>Mik</u>	n Doe te Jones ty Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	JANICE HORN	PO Box 152047
Add			Cape Coral, FL 33915
Remove			
2) X Change	ST	JACK STRUMS	PO Box 152047
Add			Cape Coral, FL 33915
Remove	VP	PAUL MIKOLOWSKI	PO Box 152047
3) Change			Cape Coral, FL 33915
Add Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional s	heets, if necessary).	(Be specific)				
 					. 	
		<u> </u>				***
						
<u>-</u>			 			
 ,						
						
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					- 	
						
						
						
						

The date of each amendment(s) adoption:		_, if other than the
date this document was signed.		
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does to document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not b of State's records.	e listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	
There are no members or members entit adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were	
Dated	019	
Signature 2		
have not been selecte	ice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or I fiduciary by that fiduciary)	
	anice Horn	
·	(Typed or printed name of person signing)	
	(Title of person signing)	
	() fue of person signing)	