## 764444

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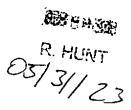
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Summer	In Professiona	al Park Condomini	um Association,
DOCUMENT NUMBE	r: <u>76444</u> 4			Inc.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
	1555 Mattl	Den Boer  Name of Contact Person  HMENTS LIC  Firm/ Company  MEN Drive  Address  S, FL 339  City/ State and Zip Code		-
—	Samantha. 1 E-mail address: (to be us	Loeppel Dyaho	00.Com	
<i>(</i> 1	concerning this matter, please  Contact Person	at (_23 <i>9</i>	<u>533-9860</u> de & Daytime Telephone Numbe	er
Enclosed is a check for t	he following amount made  \$43.75 Filing Fee & Certificate of Status	payable to the Florida Depa  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio P.O. B	ng Address diment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations In the of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)	
764444		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp"	
B. Enter new principal office address, if applicable:	1555 Matthew Drive	
(Principal office address MUST BE A STREET ADDRESS)	1555 Matthew Drive Fort Myers, FL 33907	
	·	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1555 Matthew Drive	
	Fort Myers, FL 33907	
	- <del></del>	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent Samartha	Den Boer	
1555 Matth	ew Drive	
(Florida stree		
New Registered Office Address: _ Fort Myers	, Florida_ <i>33907</i>	
, (	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we	th and accept the obligations of the position.	
<b>1 1 1 1</b>		
LI DAI PAO D	人 シードルギー <b>、</b>	
Signature of New Re	gistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	4	Joseph Fuller	1555 Matthew Dr.
Add		·	Fort Myers, FL
X Remove			33907
2) Change		<u>Leighana Fuller</u>	1555 Matthew Dr.
Add		u	Fort Myers, FL
Remove 3) Change	P	Samantha Den Boer	33907
_X_ Add		7	1555 Matthew Dr.
Remove			Fort Myers, FL 3390
4) Change		Somantha DenBoer	· · · · · · · · · · · · · · · · · · ·
X Add			Fort Myers, FL
Remove			<u>33907</u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
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n		
F. <u>II an ar</u> provis	an amendment provides for an exchange, reclassification, or cancellation rovisions for implementing the amendment if not contained in the amend	of issued shares, ment itself:
(i)	(if not applicable, indicate N/A)	
<del></del> .		

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The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	
(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 dadocument's effective date on the Department of State's records.	te will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
Signature  (By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	<del></del> -1
Tames J. D. Mailia, MD (Typed or printed name of person signing)	
Title of person signing)	

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