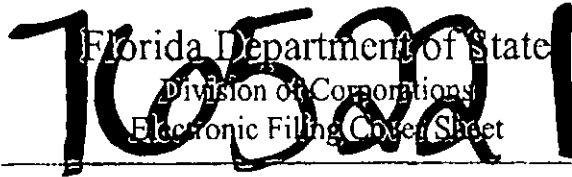


5/20/22, 12:26 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000180290 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MELAND RUSSIN & BUDWICK, P.A.
Account Number : I20040000113
Phone : (305)358-6363
Fax Number : (305)358-1221

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cramos@melandbudwick.com

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FL

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
VILLAS OF WINDMILL POINT II PROPERTY OWNERS' ASSOCIATION**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAY 20 AM 8:42

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J. HORNE

MAY 23 2022

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

VILLAS OF WINDMILL POINT II PROPERTY OWNERS' ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

765221

(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:

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)

2150 CORAL WAY

SUITE 4A

CORAL GABLES, FL 33145

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2150 CORAL WAY

SUITE 4A

CORAL GABLES, FL 33145

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:

MELAND BUDWICK, P.A.

200 S. BISCAYNE BLVD., SUITE 3200

(Florida street address)

New Registered Office Address:

MIAMI

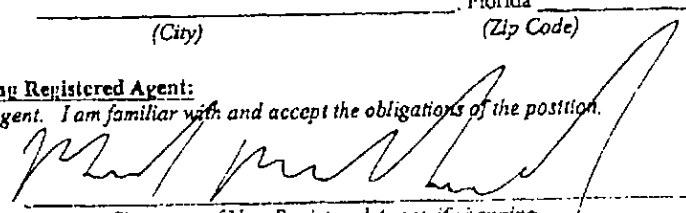
(City)

Florida 33131

(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

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2022 MAY 20 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>TR</u>	<u>LES S. OSBORNE</u>	<u>RAPPAPORT OSBORNE & RAPF</u> <u>1300 N. FEDERAL HIGHWAY, S</u>
<input checked="" type="checkbox"/> Remove			<u>BOCA RATON, FL 33432</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>DO</u>	<u>GEORGE SARKISIAN</u>	<u>2150 CORAL WAY</u> <u>SUITE 4A</u>
<input type="checkbox"/> Remove			<u>CORAL GABLES, FL 33145</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DO</u>	<u>PABLO VIGNOLO</u>	<u>2150 CORAL WAY</u> <u>SUITE 4A</u> <u>CORAL GABLES, FL 33145</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DO</u>	<u>DIANA MEDINA</u>	<u>2150 CORAL WAY</u> <u>SUITE 4A</u> <u>CORAL GABLES, FL 33145</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DO</u>	<u>ANA RODRIGUEZ</u>	<u>2150 CORAL WAY</u> <u>SUITE 4A</u> <u>CORAL GABLES, FL 33145</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DO</u>	<u>CAROLINA OSORIO</u>	<u>2150 CORAL WAY</u> <u>SUITE 4A</u> <u>CORAL GABLES, FL 33145</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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- ☐ 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 5/1/22

Signature ANA RODRIGUEZ
(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)

ANA RODRIGUEZ

(Typed or printed name of person signing)

DIRECTOR/OFFICER

(Title of person signing)