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U5/16/19--U10U3--UU7 **35.UU

2019:11:15 FHI2:5

Amend

JUN - 3 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	er Association. Inc.
N00000005816 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
MARK W. GESCHWENDT	
	(Name of Contact Person)
MIROMAR DEVELOPMENT CORPORATION	
	(Firm/ Company)
10801 CORKSCREW RD, SUITE 305	
-	(Address)
ESTERO, FL 33928	
	City/ State and Zip Code)
MGESCHWENDT@MIROMAR.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	all:
RACHEL MARKS	(239) 390-5100 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)
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 to Articles of Incorporation of

MIROMAR LAKES MASTER ASSOCIATION, INC.

(Name of Corporation as	currently filed with the Florida Dept. of State)
N00000005816	
(Documen	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:
N/A	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	N/A
(Principal office address <u>MUST BE A STREET ADD</u>	
	
C. Enter new mailing address, if applicable:	70.5
(Mailing address MAY BE A POST OFFICE BO)	. 18778
	- :
D. If amending the registered agent and/or register	ed office address in Florida, enter the name of the office address:
new registered agent and/or the new registered	office address:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	 istered Agent:
	I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

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, an 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	\underline{V} \underline{M}	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	KIMBERLY HAWKINS	10801 CORKSCREW RD
Add			SUITE 305
X Remove			ESTERO, FL 33928
2) Change	S	MICHAEL FABIAN	10801 CORKSCREW RD
X Add	 -		SUITE 305
Remove			ESTERO, FL 33928
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			.
Add			
Remove		n 2.6	

(attach additional sheets, if necessary). (Be specific)				
N/A				
<u> </u>				
<u> </u>				
				

E. If amending or adding additional Articles, enter change(s) here:

	date of each amer this document was		s) adoption:		, if other than the
Effe	ective date <u>if appli</u>		05/17/19 (no more th	an 90 days after amendment file date)	
				he applicable statutory filing requirements, this date will not be	e listed as the
Ado	ption of Amendm	ent(s)	(CHECK)	<u>(ONE)</u>	
	The amendment(s) was/were sufficient		• -	 abers and the number of votes cast for the amendment(s) 	
	There are no mem adopted by the bo			e on the amendment(s). The amendment(s) was/were	
	Dated	,	5/7/19	<u> </u>	
	Signature		Khal		
		have no		han of the board, president or other officer-if directors incorporator – if in the hands of a receiver, trustee, or by that fiduciary)	
		TIM	I BYAL		
			(Ty	ped or printed name of person signing)	
		PRI	ESIDENT		
				(Title of person signing)	