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COVER LETTER

TO: Amendment Section Division of Corporations

,

CAZADOR NAME OF CORPORATION:	ES SOUTH HOMEOWNER'	S ASSOCIATI	ON, INC.
N00000007463			
The enclosed Articles of Amendment and fee			
•	2		
Please return all correspondence concerning	this matter to the following:		
Jhonathan Hernandez			
	(Name of Contact Po	erson)	
Future Home Property Management, LLC			
	(Firm/ Company	<i>(</i>)	
P.O. Box 960223			
	(Address)	- n'	
Miami, Florida 33296			
	(City/ State and Zip (Code)	
info@futurehomeprop.com			
E-mail address: (t	o be used for future annual rep	ort notification	1)
For further information concerning this matte	er, please call:		
Jhonathan Hernandez	at	786	8757578
(Name of Contact	et Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoun	made payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Cenificate of		Centifi s Centifi	Filing Fecticate of Status and Copy tional Copy is sed)
Mailing Address	<u>Str</u>	reet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If amending the Officers and/or Directors, enter the title a	nd name of each officer/director being removed and title, name,
and address of each Officer and/or Director being added:	g · · · · · · · · · · · · · · · · · · ·

(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>PT</u> Y <u>\$V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change Add		Maira Guerra	P.O. Box 960223 Miami, Florida 33296
X Remove			
2) Change Add		Leandro Cruz	P.O. Box 960223 Miami, Florida 33296
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		-	
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g addition ts, if neces	ssary). (Be specific)	
			

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	<u> </u>			 		 -
		 -		•		
The date of each amendment	t(a) adaptions	05/13/2024				ic - de - de di
date this document was signed	i(s) audpuon:				. <u> </u>	, if other than the
date this document was signed						
Effective date if applicable:	05/13/2024					
Enterior auto in inputionality.		more than 90 de	avs after ame	endment file date)	· -
	,		iji iyiv i		/	
Note: If the date inserted in the document's effective date on the	nis block does i he Department	not meet the appli of State's record	icable statuto s.	ory filing require	ments, this date wil	not be listed as the
Adoption of Amendment(s)	((CHECK ONE)				
The amendment(s) was/w was/were sufficient for ap	vere adopted by pproval.	the members an	d the numbe	r of votes cast fo	r 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.					
	05/13 Dated	2024 :				
	Signature	- GA				
(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)						
		Evelyn Truillo (Typed or printed name of person signing)				
		(1) ped of printed fame of person signing)				

(Title of person signing)