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.

Electronic Filing Cover Sheet

(((H23000398508 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CUEVAS, GARCIA & TORRES, P.A.

Account Number : I20030000123 Phone : (305)461-9500 Fax Number : (786)362-7127

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

Email Address:__

COR AMND/RESTATE/CORRECT OR O/D RESIGN VENETIAN ISLES MASTER ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

J DENNIS	J	DE	EN:	١,	5
----------	---	----	-----	----	---

NOV 2 0 2023

Electronic Filing Menu Corporate Filing Menu

Help

H23000398508 3

Articles of Amendment to Articles of Incorporation of

VENETIAN ISLES MASTER ASSOCIATION, I	NC.				
Name of Corporation as currently filed with th	e Florida D	ept. of State)			
N01000003751					
(Досиг	nent Numbe	r of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Floatmendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida N</i>	ut For Profit Co	rporation adopts t	he following
A. If amending name, enter the new name of th	e corporati	on:			
					The new
name must be distinguishable and contain the word "Campany" or "Co." may not be used in the nam	d "corporati <u>e</u> .	ion" or "incorpo	rated" or the ab	breviation "Corp.	" or "Inc."
B. Enter new principal office address, if application of the principal office address MUST BE A STREET A					
	 /				<u> </u>
C. Enter new mailing address, if applicable:					
(Muiling address MAY BE A POST OFFICE	BOX)				
	•				SECRET VALUE SEVEN
					
 If amending the registered agent and/or registered agent and/or the new register 	stered offic red office so	<u>e address in Flo</u> Idress	rida, enter the r	name of the	
Name of New Registered Agent:		arcia & Torres, P	.A.		
Name of New Negtstered Agem.	4000 Ponc	e de Leon Blvd.,	Ste. 610		
			(Florida street ad	(dress)	
<u>New Registered Office Address:</u>					
	Coral Gabl			, Florida	·
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing I	Registered .	Agent:			
hereby accept the appointment as registered agen	it. Lam fa n	illiar with and ac	coept the obligati	ons of the position	·.
_	Sig	nature of New R	egistered Agent,	if changing	
			/		

H23000398508 3

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 us an Add.

Example: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			•
Remove			
E. If amending or addin (attach additional shee	g additio is, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	
			- · · · · · · · · · · · · · · · · · · ·

3

		H2	23000398508
			
.—			
	·		

-			
The	date of each amendment(s) adopt this document was signed.	ion:	, if other than the
t' ne	ctive date <u>if applicable</u> :		
7,111	ctive date it applicable.	(no more than 90 days after amendment file date)	
<u>Not</u> doc	e: If the date inserted in this block of intention the Depart	loes not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

adopted by the board of directors.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

H23000398508 3

Dated Nov. 14, 2023
Signature
(By the chairman of 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)
KOUSROS LESTER CLARCIA
(Typed or printed name of person signing)
(Title of person signing)
(i me or beroot affitting)