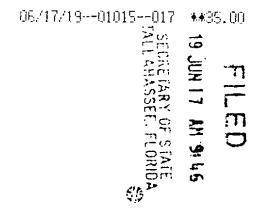
NO200000 9294

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800330245088



JUL - 1 1015 TSCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	PIER 98 CENTRE CO ON:	VO MUINIMODINC	VNERS' ASSO	CIATION, INC.NO
DOCUMENT NUMBER:	N02000009294			
The enclosed Articles of Am				
•		•		
Please return all corresponde	ence concerning this matter	to the following:		
William Powell				
	(Name of Contact Pe	rson)	
TLG Management Services	, LLC			
		(Firm/ Company	')	
3520 Thomasville Rd, Suite	200			
		(Address)		
Tallahassee, FL 32309				
	(City/ State and Zip (Code)	
bpowell@tlgproperty.com				
E	-mail address: (to be used	for future annual rep	ort notification	
For further information conc	erning this matter, please c	all:		
William Powell		at	850	385-6363
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida E	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status	-	Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
N 1 - 101		Sa.	and Addmana	

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

Pier 98 Centre Condominium Owners' Association				· · · · · · · · · · · · · · · · · · ·		_
(Name of Corporation	as current	<u>ly filed with th</u>	<u>ie Florida Dept. of :</u>	State)		
N02000009294						
(Docum	ent Numbe	er of Corporation	on (if known)			
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida i</i>	Not For Profit Corp	oration adop	pts the f	ollowir
A. If amending name, enter the new name of the	corporati	<u>on:</u>				
N/A						The ne
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporat	ion" or "incorp	porated" or the abbi	eviation "C	orp," oi	r "Inc.
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		N/A				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u>)	N/A				
D. If amending the registered agent and/or registerew registered agent and/or the new register.	tered office ed office a	e address in F ddress:	lorida, enter the na	me of the	1175 135	19
Name of New Registered Agent:	N/A		 	 _	CRE FAR	LN I
New Registered Office Address;	N/A		(Florida street add		F. F. F.S.	AH 3
		(City)		_, Florida <u>_</u> <i>(Zip Co)</i> إلام	A A	9 1
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered t. Lam far	Agent: niliar with and	accept the obligatio	ns of the pos	sition.	
-	· · · · · ·	onature of Nov	Registered Agent, i	f changing		

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 X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TS	Kenneth W Bryant	543 Harbor Blvd
Add			401
X Remove			Destin , FL 32541
2) Change	P	Christine E Carter	543 Harbor Blvd
Add			201
X Remove			Destin, FL 32541
3) Change	TS	Beverly Borah	543 Harbor Blvd
XAdd			203
Remove			Destin, FL 32541
4) Change	<u> </u>	Rick Cramer	543 Harbor Blvd 55 5
X Add			501
Remove			Destin, FL 32541
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	:		
A.			
			_
		· 	-
			
			
			
		<u> </u>	
			<u> </u>
		### ###	19 JUN
		(5) 전 (5) 전 (1) - (1)	17
		Ti	>~ :x
		<u></u>	
		A A A A A A A A A A A A A A A A A A A	H
		FLORIDA PLORIDA	-Gr

	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90) days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
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 6/12/2019	
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)	
(Typed or printed name of person signing)	
SSA STATE	1 T
REGISTERED PASENT (Title of person signing)	A D
	4.0