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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amund 10/3///

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PORTO FINO	Shores POA, IN	<u>(_,</u>
DOCUMENT NUME	BER: NO300000	2843	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Marcy	MRYSTO- Contact Person)	
	Bayshore (Firm	- Association Man	
	<u> 430 Nu</u>	1 Lake Whitney P Address)	luce
	P+. S+. (City/ Stat	te and Zip Code)	
	MKRYSTAD Bay E-mail address: (to be use	Shore properties. Ned	tion)
For further information	n concerning this matter, please	e call:	
	MRYSTON of Contact Person)	at (<u>172</u>) <u>871 -</u> (Area Code & Daytim	OOOU
,		ayable to the Florida Department	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	18

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

Portofino 3	Shore	s Kroper	W Owner
(Name of Corporation as cur	mently filed with the components of Corporate	<u>`</u>	ASSUCIONINC.
Pursuant to the provisions of section 617.1000 the following amendment(s) to its Articles of		this Florida Not For I	Profit Corporation adopts
A. If amending name, enter the new name	of the corporatio	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			11 OCT 3
			PM 1:51
D. If amending the registered agent and/or new registered agent and/or the new reg			ter the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Flori	da street address)	
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.			pt the obligations of the
	Signature of New	Registered Agent, if cha	 anging

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 addi	tional sheets, if necessary)	iea:		
•	Noe attacked TOR	L Champo		
<u>Title</u>	Name, Address	Type of Action		
	See attached			
	Sec Attached			
	See Attached			
		Remove		
	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)			
				
<u> </u>				

Add:

Director: Failla, Joe 430 NW Lake Whitney Place Port St Lucie, FL 34986

Remove:

Treasurer: Rohr, Steffi 430 NW Lake Whitney Place Port St Lucie, FL 34986

Change:

Title from President to Treasurer: Patel, Mayur 430 NW Lake Whitney Place Port St Lucie, FL 34986

Title from Director to President: Tippman, James 430 NW Lake Whitney Place Port St Lucie, FL 34986

Note: No changes to Frank Egidio, VP and Barbara Nazar, Secretary.

The date of each amendment(s) adoption:	10/13/11
`,'	(date of adoption is required)
Effective date <u>if applicable</u> :	
(no n	nore than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by t was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
Dated <u>Surbara</u> Signature & Burba	Magan 10/14/11
have not been sele	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, o ted fiduciary by that fiduciary)
	BARBARA WAZAR Typed or printed name of person signing)
	SECRETARY (Title of person signing)