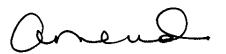
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORF	CORATION: Lawsa	Del Sol Associa	ation, In.	
DOCUMENT NU	MBER: N 03 000	181200		
The enclosed Artic	les of Amendment and fee are sub	mitted for filing.		
Please return all co	rrespondence concerning this matt	er to the following:		
	Lois Morti			
	(Name of	Contact Person)		
	(Firm	/ Company)		
	61 HEADRICKS I	25/6		
61 HEADRICUS ISIE (Address)				
·	Ft. Lasdendale,	Fla 33301		
	(City/ Stat	te and Zip Code)		
	E-mail address: (to be used	ILO. COM		
	E-mail address: (to be used	d for future annual report notific	ation)	
For further informa	tion concerning this matter, please	e call:		
L 085	MOREN ne of Contact Person)	al (954) 64	8-9120	
(Nan	ne of Contact Person)	(Area Code & Dayti	me Telephone Number)	
Enclosed is a check	for the following amount made p	ayable to the Florida Departmen	nt of State:	
□\$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)	
	ailing Address	Street Address	10 =1.2.5544)	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporati Clifton Building	ons	
Tallahassee, FL 32314		2661 Executive Cente	er Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

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	of	2011 2FL 10 1111F. F.		
Lagura Del Sol A	Sociation, Inc	SECRETARY OF STATE OPT. of STATE AHASSEE. FLORIDS		
(Name of Corporation as cui	rrently theu with the Florida D	ept. of States		
N030000C	1843	· e		
	umber of Corporation (if known)			
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		Not For Profit Corporation adopts		
A. If amending name, enter the new name	of the corporation:			
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"				
B. Enter new principal office address, if a	nnlicable:			
(Principal office address MUST BE A STRI				
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent:				
	•			
New Registered Office Address:	(Florida street addi	ress)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.		and accept the obligations of the		
F				
	Signature of New Registered A	gent, if 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action		
President	Lois Morell	61 HERDRICKS ISIE Ft. Landendalt, Fla 33301			
Tabasus	Lois Monell	61 HEAD aiws Isle Ft. Landenbale, Fla 33301	Add Remove		
75	Carolyn Morrell	GHEADRICKS ISLE Ft. Lastenbale, Fla 33301	Add Remove		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					

The date of each amendment(s) adoption:	9/01/11
, ,	(date of adoption is required)
Effective date <u>if applicable</u> :	9/01/11
(no more	e than 90 days after amendment file date)
Adoption of Amendment(s) (CH	ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled t adopted by the board of directors.	o vote on the amendment(s). The amendment(s) was/were
Dated 9 0 (11	
(By the chairman or varive not been selected	rice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)
Jumes (Typ	ned or printed name of person signing)
Presid	City of person signing)