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| (Re                     | equestor's Name)   | · · ·     |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | ısiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Marquee En  | Ville Condomi  | nium Association, Inc.   |
|--|--|--|
| DOCUMENT NUMBER: NO3000079   | 987  |  |
| The enclosed Articles of Amendment and fee are subm  |  |  |
| Please return all correspondence concerning this matter  | r to the following:  |  |
| Becky LaRue  |  |  |
|  | (Name of Contact Persor  | n)   |
| Lighthouse Property Mar  | nagement, I  | nc.  |
|  | (Firm/ Company)  |  |
| 16 Church Street   |  | •  |
|  | (Address)  |  |
| Osprey, FL 34229   |  |  |
|  | (City/ State and Zip Code  | e)   |
| beckylarue@mgm   | nt.tv  |  |
| E-mail address: (to be used  | for future annual report   | notification)  |
| For further information concerning this matter, please of                                      | call:  |  |
| Becky LaRue  | <sub>at (</sub> 941  | 451-8265 x102  ode & Daytime Telephone Number)   |
| (Name of Contact Person)   | (Area Co   | ode & Daytime Telephone Number)  |
| Enclosed is a check for the following amount made pay  | yable to the Florida Depa  | artment of State:  |
| \$35 Filing Fee \$\Bigcup \\$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)     |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301 |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2012

BECKY LARUE LIGHTHOUSE PROPERTY MGMT, INC. 16 CHURCH STREET OSPREY, FL 34236

SUBJECT: MARQUEE EN VILLE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N03000007987

We have received your document for MARQUEE EN VILLE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 612A00026575



#### **Articles of Amendment** to Articles of Incorporation



### Marquee En Ville Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N03000007987

(Document Number of Corporation (if known)

| A. If amending name, enter the new name  | e of the corporati     | on:  |  |
|--|------------------------|--|--|
| name must be distinguishable and contain the "Company" or "Co." may not be used in the             |                        | The ion" or "incorporated" or the abbreviation "Corp." or "I                                     |  |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL | applicable:            | Lighthouse Prop Mgmt, Inc.   |  |
|  |                        | ESS) 16 Church Street  |  |
|  |                        | Osprey, FL 34229   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO              |                        | Lighthouse Prop Mgmt, Inc.   |  |
|  |                        |  |  |
| (  | <u> </u>               | 16 Church Street   |  |
|  | <u> </u>               | 16 Church Street Osprey, FL 34229  |  |
| D. If amending the registered agent and/o new registered agent and/or the new r                    | or registered offic    | Osprey, FL 34229   |  |
| D. If amending the registered agent and/o  | or registered offic    | Osprey, FL 34229   |  |
| D. If amending the registered agent and/o new registered agent and/or the new r                    | or registered office a | Osprey, FL 34229   |  |
| D. If amending the registered agent and/o new registered agent and/or the new r                    | or registered office a | Osprey, FL 34229  re address in Florida, enter the name of the ddress:  (Florida street address) |  |
| D. If amending the registered agent and/o new registered agent and/or the new r                    | or registered office a | Osprey, FL 34229  re address in Florida, enter the name of the ddress:  (Florida street address) |  |

Page 1 of 4

## 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 A Add | <u>V</u> <u>Mi</u> | n Doe<br>ke Jones<br>ly Smith |                    |
|----------------------------------|--------------------|-------------------------------|--------------------|
| Type of Action<br>(Check One)    | <u>Title</u>       | <u>Name</u>                   | <u>Addres</u> s    |
| 1) Change                        | <u>T</u>           | Graham Edwards                |                    |
| Add X Remove                     |                    |                               |                    |
| 2) Change                        | <u>T</u>           | Judy Kozlowski                | 235 Cocoanut Ave   |
| X Add                            |                    |                               | #124D              |
| Remove                           |                    |                               | Sarasota, FL 34236 |
| 3) Change                        | D                  | Graham Edwards                | 235 Cocoanut Ave   |
| X Add                            | <del>-</del>       |                               | #126E              |
| Remove                           |                    |                               | Sarasota, FL 34236 |
| 4) Change                        |                    |                               |                    |
| Add                              |                    |                               |                    |
| Remove                           |                    |                               |                    |
| 5) Change                        |                    |                               |                    |
| Add                              |                    |                               |                    |
| Remove                           |                    |                               |                    |
| 6) Change                        |                    |                               |                    |
| Add                              |                    |                               |                    |
| Remove                           |                    |                               |                    |

| If amending or adding additional Art attach additional sheets, if necessary). | (Be specific) |              |                                       |                                       |
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|   |               |              |                                       |                                       |

| The date of each amendment(s) adoption: September 1 2012   |
|--|
| Effective date if applicable:  (no more than 90 days after amendment file date)  |
|  |
| 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 10/14/12 Signature Am John VP  |
| (By the chalfman 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) |
| JAMES LAYFEID  |
| (Typed or printed name of person signing)  |
| VILE PRESIDENT   |
| (Title of person signing)  |