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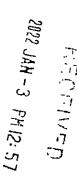
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хх	FILING	INC.	AMENDMENT
	(CORPORATE NAME AND DO		MINIUM ASSOCIATION INC
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MINIUM ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	following:
JON I. MCGRAW	
(Name o	f Contact Person)
MCGRAW RAUBA MUTARELLI PA	
(Firm	n/ Company)
35 SE IST AVENUE, SUITE 102	
(Address)
OCALA, FLORIDA 34471	
(City/ Sta	ite and Zip Code)
JON@LAWMRM.COM	
E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	
JON I. MCGRAW	352 789-6520
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to t	he Florida Department of State:
	d Copy Certificate of Status onal copy is Certified Copy
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GAMSBY HOUSE CONDOMINIUM ASSOCIATION, INC., A FLORIDA NOT FOR PROFIT CORPORATION

(Name of Corporation as currently filed with t	he Florida	a Dept. of State)		
N03598				
(Docu	ment Nun	nber of Corporation (if known)	_	
Pursuant to the provisions of section 617.1006, Fl amendment(s) to its Articles of Incorporation:	orida Stan	utes, this Florida Not For Profit C	Corporation adopts the f	ollowing
A. If amending name, enter the new name of the	he corpor	ation:		
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan	d "corpoi ie.	ration" or "incorporated" or the a	ibbreviation "Corp." or	The new "Inc."
B. Enter new principal office address, if applic	able:	35 SE IST AVENUE		
(Principal office address <u>MUST BE A STREET</u>	ADDRES.	SUITE 102		
		OCALA, FLORIDA 34471	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E		PO BOX 1766	, 277	7000 . • :
		OCALA, FLORIDA 34478	ئي ڏِن	
			<u> </u>	- 17
D. If amending the registered agent and/or registered agent and/or the new register	istered of red office	fice address in Florida, enter the address:	name of the	<u>.</u>
Name of New Registered Agent:		MCGRAW	,, -	
	35 SE 15	ST AVENUE, SUITE 102		
New Registered Office Address	-	(Florida street d	ddress)	
	OCALA	<u> </u>	, Florida ³⁴⁴⁷¹	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing learning hereby accept the appointment as registered agent	Registeree at. I am fo	d Agent: amiliar with and accept the obliga	tions of the position.	
_	S	Signature of New Registered Agent	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)

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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change Add	PST	FRANK JIMENEZ	1111 Crandon Blvd, B106 Key Biscayne, Fl 33149
 x Remove 2) Change Add 	VP	DEBORAH JIMENEZ	1111 Crandon Blvd. B106 Key Biscayne, Fl 33149
X Remove	PST	STEPHEN BERG	PO Box 1766 Ocala, Fl 34478
4) Change	VP	JON MCGRAW	2101 SW 42nd Street Ocala, Fl 34471
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or adding (attach additional sheet.	additional Artic s, if necessary).	eles, enter change(s) here (Be specific)	

•	•	
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The date of each amendment(s) adoption	i	, if other than the
date this document was signed		, is outer than the
J	10/21/	
Effective date <u>if applicable</u> :	1450/2021	
	12/30/262/ ino more than 90 days after amendment file date)	
1	no more than 90 days after amenament file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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
Signature
(By the 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)
Jra I. M'C
(Typed or printed name of person signing)
Tice Pridet

(Title of person signing)

. . . .