

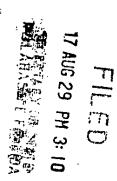
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Conch Harbor Marin	a Condominium Associ	ation, Inc.	
DOCUMENT NUMBER:	N04000000647			
The enclosed Articles of Am	sendment and fee are subs	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Grace Chaney				
		(Name of Contact Person	on)	
		(Firm/ Company)		
951 Caroline St.				
· · · · · · · · · · · · · · · · · · ·		(Address)		
Key West, FL 33040				
		(City/ State and Zip Co	de)	
Conchharborgchaney@gma	ail.com			
	-mail address: (to be used	for future annual repor	notification	1)
For further information conc	cerning this matter, please	call:		
Grace Chancy		at	05	304-1352
	(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida De	partment of	State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	Address		t Address	ion

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

FILED

Articl	les of Incorporation		
Corch Harris	Maria	17 AUG 29 PM 3:10	
Name of Corporation as curre	entry nied with the Fiori	da De loi State	ssn. Inc.
(Document Num	nber of Corporation (if kn	own)	- (a) a.
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not For</i>	Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpora	ation:		
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.	ration" or "incorporated"	The new or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	()		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		nter the name of the	
Name of New Registered Agent:			
	(Flo	rida street address)	
New Registered Office Address:		, Florida	
New Registered Agent's Signature, if changing Registered		(Zip Code)	
I hereby accept the appointment as registered agent. I am fi	amiliar with and accept th	he obligations of the position.	
	Signature of New Register	red 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: XChange XRemove Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	VP	Mikhael Blumin	1311 7th St.	
Add			Key West, Fl 33040	
Remove				
2) Change	VP	Raymond Yunker	3108 SE 22nd Ave.	
Add			Cape Coral, FL 33904	
X Remove				
3) Change	T, S	Robert Ruffolo	126 Bosphorus	
XAdd			Tampa, FL 33606	
Remove				
4) Change				
Add				
Remove				
5) Change				_
Add				_
Remove				
6) Change				
Add				
Remove				
		D 4 - C 4		

L If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
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The date of each amendment(s) adoption:			, if other than the
IHU	this document was signed.		
EM	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ac was/were sufficient for approve	opted by the members and the number of votes cast for the amendment(s).	s)
	There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated		
	Signature	amen CAS	
	(By the chair have not be	man or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Cayman	Easton	
		(Typed or printed name of person signing)	
	Presiden		
		(Title of person signing)	