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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Holiday lowers Condunium ASSN. INC
DOCUMENT NUMBER: N 040000 (771
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: $\frac{B_{\Gamma}e++E/li}{S}$ (Name of Contact Person)
(Name of Contact Person)
300 71st St, Site 430 (Address)
Mighi Beach, FL (City/ State and Zip Code) (Address) 33/4/
Drette @ Sabrainternational com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Blett Ellis at (786) 556-6389 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$2\$ \$35 Filing Fee \$\Bigsup \\$43.75 Filing Fee & \Bigsup \\$43.75 Filing Fee & \Bigsup \\$52.50 Filing Fee \text{Certificate of Status} \text{Certified Copy} Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation 16 JUL 20 14 S: 20 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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 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: New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. Ann familiar with and accept the obligations of the position.

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 lener 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	in Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Z Change	P	Yoling Tiger	891856 150 Ct (ir N
Add		·	Mieni, FL 33196
Remove	Ω	1 > 0 1/	33/96
2) Change	<u>t</u>	Livio Bellomere	
X Add			
Remove	T	Zoila Rosales	(26) T / 1 - F No Lot 2#
3) Change	_(20/14 /CUSPLEZ	Mieni Beach, FL
Add Remove			33141
	T	Brett Ellis	·
4) Change		VICTI A III	300 71st St, Ste 430 Mioni Beach, FC
Add			33(4)
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding a iditional Arti (attach additional sheets, if necessary).	(Be specific)	nge(s) nere:			
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	e date of each amendment(s) add this document was signed.	option: 5/30/14	, if other than the
Eff	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)	
Æ	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment.	nt(s)
	There are no members or members adopted by the board of director	, /	re
	Dated	6(16/14 D. I	
	Signature	Bell &	
		nan or vice chairman of the board, president or other officer-if direct a selected, by an incorporator – if in the hands of a receiver, trustee,	
		ppointed fiduciary by that fiduciary)	
	9	Brett Fllis	
	(Typed or printed name of person signing)	
		Treasurer	
		(Title of person signing)	