NO4 00000 4769

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COVER LETTER

TO: Amendment Section Division of Corporations

SHOMA HOMES A	AT KEYS COVE CONDOMINIUM ASSOCIATION, INC
DOCUMENT NUMBER: 03-0559391 NO	400004769
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
JANINE FERREIRO	
	(Name of Contact Person)
FIRST SERVICE RESIDENTIAL	
	(Firm/ Company)
1455 SE 27TH STREET	(c. i.i.) Company,
	(Address)
HOMESTEAD/FL 33035	
	(City/ State and Zip Code)
MANAGERKEYSCOVE@OUTLOOK.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
JANINE FERREIRO	305 230-6791
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SHOMA HOMES AT KEYS COVE CONDOMINIUM ASSOCIATION INC

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)	
03-0559391 NO400004769		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For Profit Corporation</i> ad	opts the followi
A. If amending name, enter the new name of the corp	oration:	
		The ne
name must be distinguishable and contain the word "corp 'Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "	Corp." or "Inc
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)	
•		50.5
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- 255
		<u> </u>
). 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 off		DA.
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
Ten registered office radiess.		
	, Florida, City) (Zip C	nde)
		ouc)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I as		osition.
	Signature of New Registered Agent, if changing	

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 X_Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	PRESID	LUIS CHAGUACEDA	16/00 SW 146 Ct Miami FL 33177
2) X Change Add	VICE PI	CARLOS CABEZAS	1424 SE 24th Ct Homestead FL
Remove 3) Change	SECRE1	Paulette Isaac	33035 2715 SE 15th PL Homestead FL 33035
4) Change Add X Remove	PRESID	ALBERT SANTIAGO	11899 SW 759+ MIDMI IFL 3317-
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional Artiutach additional sheets, if necessary).	(Be specific)
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		10/19/2016		
The date of ea	ach amendment(s) adoption:		, if other than the
	ment was signed.	•		
		10/19/2016		
Effective date	if applicable:			
		(no more than	90 days after amendment file date)	
		s block does not meet the a Department of State's re	applicable statutory filing requirements, this date will no ecords.	ot be listed as the
Adoption of A	Amendment(s)	(<u>CHECK ON</u>	NE)	
	ndment(s) was/we sufficient for app		rs and the number of votes cast for the amendment(s)	
	no members or r by the board of di		on the amendment(s). The amendment(s) was/were	
I	11/30/. Dated	016		
9			aguaceda. n of the board, president or other officer-if directors	
		t been selected, by an inco ourt appointed fiduciary by	orporator – if in the hands of a receiver, trustee, or y that fiduciary)	
		Jui R. (Typed	d or printed name of person signing)	
	_	Preside		
			(Title of person signing)	