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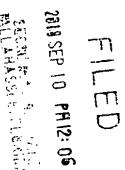
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Amend

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I ALBRITTON!

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ninium Association, Inc.	
N04000006459 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Stephanic Harris		
	(Name of Contact Person)	
Signature Property Management, LLC		
	(Firm/ Company)	
459 NW Prima Vista Blvd		
	(Address)	
Port St Lucie, FL 34983		
	(City/ State and Zip Code)	
stephanie@signaturepropertymgmt.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
Stephanie Harris	772 219-4474	
(Name of Contact Person		
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:	
■ \$35 Filing Fee	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
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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 Articles of Incorporation of

Tranquility Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N04000006459 (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: (Florida street address) New Registered Office Address: Florida (Citv) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	<u>V</u> <u>Mik</u>	n Doe te Joneş y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	Matthew Callender	
XX Remove 2) XX Change	P	Christine Steiner	12571 SE Old Cypress Drive
Add			Hobe Sound, FL 33445
3) XX Change Add	VP	Debi Albertini	Hobe Sound, FL 33445
Remove 4) Change XX Add	<u>s</u>	Philip V. Kunzelmann	12519 SE Old Cypress Drive Hobe Sound, FL 33445
7) Change XX Add	<u>D</u>	Dean Larsen	Hobe Sound, FL 33445
Remove 6) Change Add Remove			

E.	lf amending or adding additional Art	icles, enter change(s) here:
	(attach additional sheets, if necessary).	(Be specific)
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		if other than the		
	is document was signed.			
Effe	ve date <u>if applicable</u> : (no more than 90 days after amendment file date)			
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	listed as the		
Ado	ion of Amendment(s) (CHECK ONE)			
	ne amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) as/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.				
	Signature (By the chairman 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) (Typed or printed name of person signing)			
	Secretary (Title of person signing)			