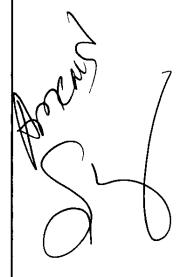
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Sandpip	or Walk Woist	nborheod
DOCUMENT NUMBER:	007517	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Andrea (Name of C	ontact Person)	
BA Proper	Company)	· .
2889 10 A	Tue N. #30 Idress)	<u>Ja</u>
Lake Worth (City/State	and Zip Code)	
E-mail address: (to be used	OPETY MC	inagement. co
For further information concerning this matter, please of	call:	
Andrea Borell (Name of Contact Person)	at (\$\frac{\$51}{\text{Area Code & Daytime}}	757 Surphone Number)
Enclosed is a check for the following amount made pay		•
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	-

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 Amendment
to
Articles of Incorporation of
Articles of Incorporation of Sand of per Walk Weighborhood (Name of Corporation as currently filed with the Florida Dept. of State) WOYGOOO 7517
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new 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:
Name of New Registered Agem.
New Registered Office Address: (Florida street address)
, Florida
(City) (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

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
T	Rizzo Agatino Cohen, Robert	9563 Sandpipes WPB +C 3341	∠
<u>T</u>	Cohen, Robert	9522 Sadpipe WPB FC 3341	Add Remove
			☐ Add☐ Remove
E. If am	ending or adding additional Articles, en the additional sheets, if necessary). (Be sp	nter change(s) here: pecific)	

The date of each amendment(s) ado	option: 5/12/10
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopwas/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors.	rs entitled to vote on the amendment(s). The amendment(s) was/were
have not b	atiman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing) President (Title of person signing)