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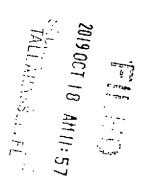
(Req	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations	,
NAME OF CORPORATION:PINE AIR CONDOX	MINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: N04000008329	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
JOSEPH SALINA	
	(Name of Contact Person)
PINE AIR CONDOMINIUM ASSOCIATION, INC.	
	(Firm/ Company)
404 TEQUESTA DRIVE	
	(Address)
TEQUESTA, FL 33469	
	(City/ State and Zip Code)
JOESALINA@BELLSOUTH.NET	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
JOSEPH SALINA	561 433-3103
(Name of Contact Person)	
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PINE AIR CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation a	is currentl	y filed with the Florida Dept. of State	······································	
N04000008329		-	•	
(Docume	ent Number	r of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:	da Statutes	, this Florida Not For Profit Corporati	on adopts the fo	ollowing
A. If amending name, enter the new name of the c	corporatio	<u>n:</u>		
N/A			7	The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation"	on" or "incorporated" or the abbrevia		
B. Enter new principal office address, if applicabl	le:	N/A		
Principal office address MUST BE A STREET AD	DD DECC \	N/A		
	_	N/A	Sec.	2019
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>OX</i>)	N/A		2019 OCT
		N/A	SS:	
	_	N/A		=
D. If amending the registered agent and/or registered new registered agent and/or the new registered			<u>f the</u>	57
· · · · · · · · · · · · · · · · · · ·	JOSEPH S.			
	815 RIDGE	E ROAD		
_		(Florida street address)		<u>-</u>
New Registered Office Address:				
I _	LANTANA	, Flo	orida	
		(City)	Zip Code)	
New Registered Agent's Signature, if changing Re thereby accept the appointment as registered agent.			the position.	
	{ 	Sal		
) (3/9)	ngeure of New Registered Agent, if chai	iging	

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>Mil</u>	n Doe ke Jones l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>Р</u>	MARIE CANTONE	815 RIDGE ROAD
Add			LANTANA, FL 33462
X Remove			 -
2) Change	Т	ANNE CASAGRANDE	815 RIDGE ROAD
Add			LANTANA, FL 33462
X Remove			
3) Change	P	JOSEPH SALINA	815 RIDGE ROAD
X Add			LANTANA, FL 33462
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
(antich tatantinal success, y necessary). (the specific)			
N/A			

N/A The date of each amendment(s) adoption:	, if other than the
date this document was signed.	n other than the
N/A Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated OCTOBER 15, 2019	
Signature 2.	
(By the chairman of vice chairman of the board, president or other officer-if directors have not beep selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JOSEPH SALINA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	