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COVER LETTER

TO: Amendment Section Opinion of Corporations

NAME OF CORPORATION	MONTE CARLO TO	WNHOMES OF MAR	GATE HON	MEOWNERS ASSOCIATION, INC
DOCUMENT NUMBER:	N05000002239			
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
		(Name of Contact Perso	n)	
		(Firm/ Company)		
		(Address)		
		(City/ State and Zip Cod	le)	
E	-mail address: (to be used	for future annual report	notification)
For further information conc	erning this matter, please of	eall:		
	(Name of Contact Person)	at	Cl->	(Daytime Telephone Number)
Enclosed is a check for the f	,	·		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)
Mailing A	.ddres <u>s</u>	Street	<u>Address</u>	

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

MONTE CARLO TOWNHOMES OF MARGATE HOMEOWNERS ASSOCIATION, INC.

(Name of Corporation as c	urrently filed with the Florida Dept. of State)	
n05000002239		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation add	opts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "(Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
·		
		2
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- 11 <u>11 </u>
		L.d. mare a special in the state of the stat
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the	350 10
new registered agent and/or the new registered of		
Name of New Registered Agent:		-
	(Florida street address)	
New Registered Office Address:		
<u> </u>		
	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		esition.
	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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Sec	KUNKLE, TOVAH	7041 W COMMERCIAL BLVD
Add			SUITE 6A
X Remove			TAMARAC, FL 33319
2) Change	DIR	PLUNK, MICHAEL	7041 W COMMERCIAL BLVD
Add			SUITE 6A
X Remove			TAMRAC, FL 33319
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

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	date of each amendment(s) adopthis document was signed.	otion:	, if other than the
	ective date if applicable:		
	The state of the s	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Depa	does not meet the applicable statutory filing requirements, this date wrtment of State's records.	ill not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s	3)
#	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	
	Dated 5a	tamber 13, 2016	
	Signature (Ply the abajem	an 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 pointed fiduciary by that fiduciary)	
	Lo	RI JOHNSON - EDWARDS (Typed or printed name of person signing)	
	TRE	SIDENT	
		(Title of person signing)	