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	_ Certificates	of Status
ns to I	Filing Officer:	
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	(Add (Cit	(Requestor's Name) (Address) (Address) (City/State/Zip/Phone (Business Entity Name) (Document Number) Certificates as to Filing Officer: J. HORNE JAN 3 1 2022

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SECRETARY OF STA

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	nestead Condominium Association, Inc.	_
N05000003392 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
Carlos Arteaga		
	(Name of Contact Person)	
SPM Group, Inc.		
	(Firm/ Company)	
2520 NW 97 Ave. Suite 220		
	(Address)	
Doral, FL 33172		
	(City/ State and Zip Code)	
carteaga@spmgroupinc.com		
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Carlos Arteaga	305-468-1416 at	
(Name of Contact Perso	on) at (Area Code) (Daytime Telephor	ie Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	☐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 Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED 2022 IAN LO

Signature of New Registered Agent, if changing

EDGEWATER OF HOMESTEAD CONDOMINIUM ASSOCIATION, INC.

		- 2022 CAN 12 AM 9: 58
(Name of Corporation as currently filed with the Florid	a Dept. of State)	SECRETARY OF CIAM
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Pro	fit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2520 NW 97 Ave	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>) Suite 220	
	Doral, FL 33172	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2520 NW 97 Ave	
	Suite 220	
	Doral, FL 33172	
D. If amending the registered agent and/or registered of		r the name of the
new registered agent and/or the new registered offic		
Name of New Registered Agent:	Froup, Inc	
2520 \$	W 97 Ave., Suite 220	
New Registered Office Address: Doral	(Florida s	rreet address) , Florida
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		(Zip Code)

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	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove			
4) Change Add		_	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
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The date of each amendment(s) adoption date this document was signed.	ption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date written of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s	3)

, B	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 Signature 12/15/21
	(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)
	MARTA FIGUEROA
	(Typed or printed name of person signing) RE Sident
	(Title of person signing)