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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Paradise Lake VillasII ('ondominium Association, I'
DOCUMENT NUMBER: N \$5000003530
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carol Douglas
(Name of Contact Person)
(Firm/ Company)
110 Island Court
110 Island Court (Address)
Rotonda West, FL 33947
(City/ State and Zip Code)
ad3556egmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Carol Donglas at 802 355-2435 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Paradise Lake Villas II (ondor		4550ciation, 1	nc.	
(Name of Corporation as currently filed with the Florida	Dept. of State)			
NØSPAPA	3530			
(Document Numb	ber of Corporation	(if known)		
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida N</i>	ot For Profit Corporati	on adopts the fo	ollowing
A. If amending name, enter the new name of the corpora	tion:			
NA			;	The new
name must be distinguishable and contain the word "corpora" (Company" or "Co." may not be used in the name.	ation" or "incorp	orated" or the abbreviat	ion "Corp." or	"Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	,,——/ //	α		
· · · · · · · · · · · · · · · · · · ·	· · ·			
				•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA			
			•	
		-	'.	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		orida, enter the name o	f the	: 32
Name of New Registered Agent:	NIX			
New Registered Office Address:		(Florida street address)		
		Flo	orida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		ecept the obligations of	the position.	
	Signature of New 1	Registered Agent, if char	าย่าย	

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 e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	_5_	SandraMarchman	112 Island Court Rotonda West, FL 33947
Remove			
2) Change Add		Reinhard Manz	502 Sweetwater Dr. Retenda west, FL 33947
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			<u> </u>
Remove			
E. If amending or add (attach additional sho		Articles, enter change(s) here: v). (Be specific)	
	N	IA	

		
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The date of each amendment(s) adoption:date this document was signed.		, if other than the
Effective date <u>if applicable</u> : (no more than 90) days after amend		
(no more than 90 days after amend	dment file date)	
Note: If the date inserted in this block does not meet the applicable statutors	: filing requirements, this date will not b	e listed as the

Adoption of Amendment(s)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

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 4/22/24 Signature Carol Don Ras
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)
Carol Douglas
(Typed or printed name of person signing) President

(Title of person signing)