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COVER LETTER

TO: Amendment Section Division of Corporations

WILTON LA NAME OF CORPORATION:	KE CONDOMINIUM ASSOCIATION. INC
N05000007867	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Robert P. Reske, Esq.	
	(Name of Contact Person)
Law Office of Robert P. Reske PLLC	
	(Firm/ Company)
309 NE 22 Street	
	(Address)
Wilton Manors, Fl.33305	
	(City/ State and Zip Code)
jamiengrace@gmail.com	
E-mail address: (to l	be used for future annual report notification)
For further information concerning this matter,	please call:
Robert P. Reske	(954) 770-9515
(Name of Contact	
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	tatus
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 of

WILTON LAKE CONDOMINIUM ASSOCIATION, INC.

Name of Corporation as currently filed with the	e Florida D	ept. of State)	
N05000007867			
(Docum	nent Numbe	r of Corporation (if k	nown) .
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation	on;	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	(<u>DDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	WILTON LAKE CO	ONDOMINIUM ASSOCIATION, INC.
	_	P.O. BOX 480732	
	-	DELRAY BEACH,	FL 33448
D. If amending the registered agent and/or regis			enter the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	ROBERT	P. RESKE, ESQ.	
	309 NE 22	STREET	
Now Desired and Office Addresses		(F)	orula street address)
New Registered Office Address:	WILTON	MANODS	33305
	WILTON	(City)	, Florida (Zip Code)
		(0.00)	,
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agent			the obligations of the position
i nereny accept the appointment as registered agent		best P.	
_	Sig	nature of New Regist	ered 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 = Chie, 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 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 Chang 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VD</u>	MARC STETZ	309 NE 22 STREET WILTON MANORS, FL 33305
x Remove			
2) x Change Add	PD	MICHAEL BEAN	P.O. BOX 480732 DELRAY BEACH, FL 33448
x Remove 3) Change Add Remove	V	MICHAEL BEAN	P.O. BOX 480732 DELRAY BEACH, FL 33448
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ng additio ets, if nece	onal Articles, enter change(s) here: essary). (Be specific)	
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The date of each amendment(s) adoption:			if other than t
date this document was signed.		 '	ir outer than c
Effective date if applicable:	o more than 90 days after amendment file	datal	
(no	rmore man 50 days after amenament file	uuic <i>j</i>	
<u>Note:</u> If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing recoff State's records.	uirements, this date will not be	listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes ca	st for the amendment(s)	

	11/1/22
Dated	11/1/22
Signature	Mind Ne
ha	with the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	MICHAEL BEAN
	(Typed or printed name of person signing)
	President / Director
	(Title of person signing)