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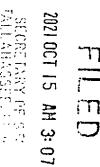
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ALLIANCE CONDOMINIUM ASSOCIATION, INC
DOCUMENT NUMBER:	N95000008401
The enclosed Articles of Amenda	nent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	ENIO CARVALHO
	(Name of Contact Person)
	ALLIANCE CONDOMINIUM ASSOCIATION, INC.
	(Firm/ Company)
	8421 S ORANGE BLOSSOM TRAIL SUITE 311
	(Address)
	ORLANDO, FLORIDA, 32809
	(City/ State and Zip Code)
	alliance@ecrealty.net
E-mail	address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
ENIO CARVA	at 400 (Justime Telephone Number)
(Nam	e of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:
□ \$35 Filing Fee ■\$4 Co	3.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certificate of Status (Additional Copy is Enclosed)
Mailing Addres	Street Address

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

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

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ALLIANCE CONDOMINIUM ASSPCIATION, INC.

SECRETARY OF STATE

(Name of Corporation as currently filed with th	e Florida Dept. of State)	TALLARASCEE
\	N05000008401	
(Досиг	nent Number of Corporation (if known	n)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam		the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	8421 S ORANGE BLOSS	SOM TRAIL
(Principal office address <u>MUST BE A STREET A</u>	IDDRESS) SUITE 322	
	ORLANDO, FLORIDA, 2	2809
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		er the name of the
Name of New Registered Agent:	ENIO CARVALHO, DEVELOPER	
	8421 S ORANGE BLOSSOM TRAI	L SUITE 322
New Registered Office Address:	·	street address)
	ORLANDO	Warida 32809
	(City)	Florida 32809 (Zip Code)
New Registered Agent's Signature, if changing land the la		obligations of the position.
	Enie Cavalho	
_	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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	PTD	ENIO CARVALHO	PO BOX 782333 ORLANDO, FL, 32878-2333
2) Change Add	<u>PD</u>	FIORELLA MORALES OLIVAREZ	8421 S OBT SUITE 207 ORLANDO, FLORIDA, 32809
Remove 3) Remove Change Add xxx Remove	VPD	CHRISTIAN B DANTAS	P O BOX 7823333 ORLANDO, FLORIDA, 32878-23.
4) Change Add	TD	DIONNE T PIERRE	8421 S OBT SUITE 339 ORLANDO, FL, 32809
Remove 5) *** Change Add	1 SD	JONATHAN MENDEZ	8421 S OBT SUITE 210 ORLANDO, FLORIDA, 32809
Remove 6) Change Add	_D	JUVENAL AGUIAR	POBOX 782333 ORLANDO, FL, 32878-2333
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

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	·····	
	<u> </u>	
The date of each amendmen late this document was signed	(s) adoption: 10/08/2021	, if other than the
Effective date <u>if applicable</u> :	10/08/2021	
_ -	(no more than 90 days after amendment file a	late)
Note: If the date inserted in the	is block does not meet the applicable statutory filing requ	irements, this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

There are no membadopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	10/08/2021
Signature	Enio Carvalho.
((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)
	ENIO CARVALHO
	(Typed or printed name of person signing)
	DEVELOPER/P
	(Title of person signing)