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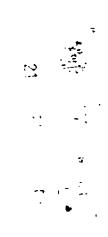
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ET ISLES CONDOMINIUM ASSOCIATION, INC.
N06000000248 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
LOUIS FRANGOS	
	(Name of Contact Person)
INTEGRITY ASSOCIATION SERVICES	
	(Firm/ Company)
10380 FOX TRAIL RD	
	(Address)
WEST PALM BEACH, FL 33411	
	(City/ State and Zip Code)
lcfrangos@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
LOUIS FRANGOS	561 715-1205
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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 of

THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N06000000248 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida _ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 Do Mike Jo Sally Sr	nes	
Type of Action (Check One)	Title		<u>Name</u>	Address
l) Change Add	<u>P</u>	-	JOHN BAZOS	10380 FOX TRAIL RD S WEST PALM BEACH, FL 33411
x Remove				
2) Change Add	Р	_	Jonathan Ginsberg	10380 FOX TRAIL RD S WEST PALM BEACH, FL 33411
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addi (attach additional she	ng additi ets, if nec	ional Art ressury).	icles, enter change(s) here: (Be specific)	
				<u> </u>
	<u>.</u> .			
		<u>-</u>		

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
Effective date if applicable: (no more than 90 days after amendment file date)
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.

	embers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.
Dated	MAY 4, 2021
Signat	
	(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)
	VIKRAM BHARTIA
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)