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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NSET ISLES CONDO	MINIUM ASSC	OCIATION, INC.
DOCUMENT NUMBER:		· -	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
LOUIS FRANGOS			
	(Name of Contact P	'erson)	
INTEGRITY ASSOCIATION SERVICES			
	(Firm/ Compan	y)	
10380 FOX TRAIL RD WEST PALM BEACH, F	L 33411		
	(Address)		
WEST PALM BEACH, FL 33411			
	(City/ State and Zip	Code)	
LCFRANGOS@GMAIL.COM			
E-mail address: (to be u	sed for future annual re	port notification	1)
For further information concerning this matter, ples	ase call:		
LOUIS FRANGOS	а	561 t	
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certifi is Certifi	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section		t <mark>reet Address</mark> mendment Secti	ion
Division of Corporations	D	ivision of Corpo	orations

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

THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC.

2021 HOV 29 PH 2: 51

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N06000000248		SECRETARY OF ST
(Document No	umber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp.	oration:	
		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	FSS)	
(Trincipal Office address MOST DE ANTREE, ADDRE		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
D. If amending the registered agent and/or registered		a, enter the name of the
new registered agent and/or the new registered offi	ice address:	
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I are	ered Agent: m familiar with and accep	ot the obligations of the position.
	Signature of New Regi.	stered 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 J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) _x Change Add	<u>T</u>	VIKRAM BHARTIA	10380 FOX TRAIL RD WEST PALM BEACH, 33411
> Remove 2) Change Add	<u> </u>	JONATHAN GINSBERG	10380 FOX TRAIL RD WEST PALM BEACH, 33411
Remove 3)	<u> </u>	DOUGLAS GAGNON	WEST PALM BEACH FLORIDA, 33411
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
-			<u></u>

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	NOVEMBER 8, 2021		, if other than the
The date of each amendment(s) adoption: date this document was signed.			, ii other than the
Effective date if applicables			
Effective date <u>if applicable</u> :	no more than 90 days after a	mendment file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable state of State's records.	utory filing requirements, this date	will not be listed as the
•			

(CHECK ONE)

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

Adoption of Amendment(s)

was/were sufficient for approval.

nt or other officer-if directors ands of a receiver, trustee, or
ands of a receiver, trustee, or
erson signing)
erson signing)

(Title of person signing)