

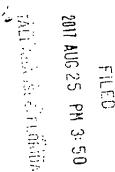
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C. GOLDEN AUG 2 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

, . .

NAME OF CORPORATION		ister Association, Inc.		
	N06000000581			
The enclosed Articles of Am	endment and fee are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter	r to the following:		
Daniel Kaskel				
		(Name of Contact Per	rson)	
Sachs Sax Caplan, P.L.				
		(Firm/ Company)	1	
6111 Broken Sound Parkwa	y NW Suite 200			
		(Address)		,
Boca Raton, Florida 33487				
	((City/ State and Zip C	ode)	
dkaskel@ssclawfirm.com				
E	-mail address: (to be used	for future annual repo	ort notification) <u> </u>
For further information conc	erning this matter, please o	call:		
Daniel Kaskel		at _	561	994-4499
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & 1 Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Stre	et Address	

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

of 2017 AUG 25 PH 3: 50 Valencia at Doral Master Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N06000000581 (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: Associated Corporate Services, LLC Name of New Registered Agent: 6111 Broken Sound Parkway NW Suite 200 (Florida street address) New Registered Office Address: Boca Raton New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—Lam familiar with and accept the obligations of the position. mature 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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
•	
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The date of each amendment(s) a	doption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	8.22.17	
Signature	Mult	
have not be	rman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Lisa Sabria	
	(Typed or printed name of person signing)	
	Tresident	
	(Title of person signing)	