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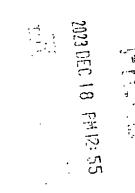
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COVER LETTER

TO: Amendment Section Division of Corporations

PALM BAY CLUB HONAME OF CORPORATION:	OMEOWNERS CO	NDOMINIUM	ASSOCIATION, INC.
20-4735950			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
BORIS BARCELO			
(1	Name of Contact Per	rson)	
BARCELO GROUP LLC			
	(Firm/ Company))	A CONTRACTOR OF THE PROPERTY O
15800 PINES BLVD, SUITE 3062			
	(Address)		
PEMBROKE PINES FL 33062			
(6	City/ State and Zip C	Code)	
INFO@BARCELOPROPERTYMANAGEMENT.CO	M		
E-mail address: (to be used to	for future annual rep	ort notification	S
For further information concerning this matter, please of	:all:		
BORIS BARCELO	at	786	299-3387
(Name of Contact Person)		(Arca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida I	Department of S	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing 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 of

PALM BAY CLUB HOMEOWNERS CONDOMINIUM ASSOCIATON, INC.

Name of Corporation as currently filed with the Florida	Dept. of State)	
20-4735950		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the corpora	ition:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "G	Corp." or "Inc."
B. Enter new principal office address, if applicable:	15800 PINES BLVD, SUITE 3062	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	PEMBROKE PINES FL 33027	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		23
		30 E
		∵ (C) - S-2
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		PM 12:
Name of New Registered Agent:		
		, o n
No. B. Trans I Oliver A I I am	(Florida street address.)	
New Registered Office Address:		
	, Florida (City) (Zip Co	nde)
		····/
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		sition.
	Signature of New Registered Agent, if changing	
•	signature oj tvew negasterea Agent, ij 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 I V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) × Change Add	P	SHANE HILLSLEY	15800 PINES BLVD. SUITE 3062 PEMBROKE PINES FL 33027
Remove			
2) _x Change Add	<u>T</u>	FERNANDO CALDERON	15800 PINES BLVD, SUITE 3062 PEMBROKE PINES FL 33027
3) _ \(\times \)	<u>S</u>	HERIBERTO CRESPO	15800 PINES BLVD, SUITE 3062 PEMBROKE PINES FL 33027
4) Change Add			
Remove			
5) Change Add			
Remove			**************************************
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		
			

		
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The date of each amendment(s) adoption: date this document was signed.	DECEMBER 8, 2023	, if other than the
Effective date if applicable:		
(1	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements tof State's records.	, this date will not be listed as the
Adoption of Amendment(s)	<u>CHECK ONE</u>)	

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

ha	y 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
(By	v the chairman or vice chairman of the board, president or other officer-if directors
ha	
	her court appointed fiduciary by that fiduciary)
	SHANE HILLSLEY
	(Typed or printed name of person signing)
	PRESIDENT