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PICK-UP WAIT MAIL
(Business Entity Name)
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Amend

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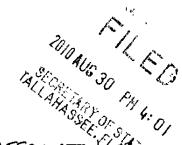
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARSALA	A AT TIBURON HOW SSOCIATION, INC	EOWNERS
DOCUMENT NUMBER: NOG	·	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	,
<u>Stephanie</u> (Name	Garcia e of Contact Person)	
CASTLE N	JANAG FMENT Firm/Company)	
12270 SU) 3rd St, #200 (Address)	
PANTATION (City/	State and Zip Code)	
SGARCIA (E-mail address: (to be	@ CASTLE GROUP. (used for future annual report notification)	<u>CoM</u>
For further information concerning this matter, pl	lease call:	
Stephanie Garcia (Name of Contact Person)	at (954) 792 - U	2000 ext 860 Telephone Number)
Enclosed is a check for the following amount made		
\$35 Filing Fee \$ Certificate of Status	☐ \$43.75 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	,

Tallahassee, FL 32301

Articles of Amendment to



Articles of Incorpo	ration All All All All All All All All All Al
MARSALA AT TIBURON HOM (Name of Corporation as currently filed with	EOWNERS ASSOCIATION GOTO.
Now00000 75 (Document Number of Corporat	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporatio	<u>n:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	40 CASTLE MANAGEMENT 12270 SW 3 ST, #200
C. Enter new mailing address, if applicable:	PLANTATION, FL 33325
(Mailing address MAY BE A POST OFFICE BOX)	POBOL 559009
	FA. LAUDERDAIE, PL 33355
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)

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

(City)

Florida_ (Zip Code)

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)

<u>Title</u> <u>Name</u> <u>Address</u> Type of Action \square Add ☐ Remove ☐ Add Remove _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s)	
D00	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direc	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated	8.16.16 DO Golo
Signature	Rul Shan
have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
-	(Title of person signing)
	(Title of berson signing)