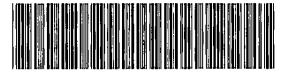
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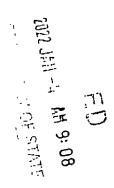
A. RIVERS JAN 2 4 2022



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COVER LETTER

TO: Amendment Section
Division of Corporations

	STER ASSOCIATION, INC.
NAME OF CORPORATION:	
N06000011525 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
MARIELLE WESTERMAN, ESQ.	
(Na	me of Contact Person)
WESTERMAN LAW, PLLC	
	(Firm/ Company)
360 CENTRAL AVE. #800	
	(Address)
ST. PETERSBURG, FL 33701	
(Cit	y/ State and Zip Code)
MWESTERMAN@WESTERMAN.LAW	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	
MARIELLE WESTERMAN	727 290-2520 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
(/	ertified Copy Certificate of Status Additional copy is Certified Copy Inclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MANGROVE CAY MASTER ASSOCIATION, INC.		
Name of Corporation as currently filed with the Flori	da Dept. of State)	
N06000011525		
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	natutes, this Florida Not For Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corp		
MANGROVE CAY CONDOMINIUM ASSOCIATION	, INC	he new
'Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or '	'Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)	
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 off	fice address:	.)
Name of New Registered Agent:	10.00	53 5
New Registered Office Address:	(Florida street address)	1 1
	(City) , Florida (Zip Code) T	9:
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I can	tered Agent: am familiar with and accept the obligations of the position.	80
	Signature of New Registered Agent, if changing	

and address of each Officated additional sheets, Please note the officer/din P = President; V = Vice P Executive Officer; CFO = held. President, Treasure. Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	icer and/ if necess rector titl resident; Chief F r, Directo in the for	or Director being add sary) be by the first letter of the T= Treasurer; S= Section and Officer. If an incomposition of the PTD. Consider the properties of the tree of the tree of the PTD.	retary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief officer/director holds more than one title, list the first letter of each office ntly John Doe is listed as the PST and Mike Jones is listed as the V. There is is named the V and S. These should be noted as John Doe, PT as a Change,
Example: X_Change X_Remove A 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>	<u>Addres</u> s
1) Change Add			
Remove 2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add		. ———	
Remove 6) Change Add			
E. If amending or additional sheet	ng additi ets, if nec	ional Articles, enter ch cessary). (Be specific,	nange(s) here:

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	OCTOBER	7, 2021, if other than the
The date of each amendment date this document was signed	(s) adoption:	, it other than the
	OCTOBER 7, 2021	
Effective date if applicable:	(no more than !	00 days after amendment file date)
Note: If the date inserted in the document's effective date on t	nis block does not meet the a	applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s)	(CHECK ON	<u>.</u> E)
The amendment(s) was/w was/were sufficient for a	ere adopted by the member oproval.	s and the number of votes cast for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 12/14 2 1
Signature
(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)
(Typed or printed name of person signing)
D J.
(Title of person signing)