N06000012539

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2010 SEP 14 AM 9: 42 SECRETARY OF STATE

9/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: VIADANA	AT PELICAN PRESI	ERVE
DOCUMENT NUMB	er: <u>N060000</u>	/25.39	
The enclosed Articles of	of Amendment and fee are sub	mitted for filing.	· .
Please return all corresp	pondence concerning this matt	er to the following:	
	Stephanie (Name of	Garcia	
	(Name of	Contact Person)	
,	CASTLE MA	NAGENENT Company)	<u>.</u>
	(Firm	/ Company)	
	12270 SW	3rd St, #200	
	(A	Address)	
	PLANTATION (City/ State	J FZ 33325 te and Zip Code)	<u>-</u>
,	SGARCIA & E-mail address: (to be used	CASTLE GROUP d for future annual report notificat	COM
For further information	concerning this matter, please	e call:	
Stephan	ie Garcia	at (<u>954</u>) <u>792 -</u> (Area Code & Daytim	6000 ext 860
(Name o	f Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	the following amount made p	ayable to the Florida Department	of State:
\$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)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

FILED

2010 SEP 14 AM 9: 42

SECRETARY OF STATE VIADANA AT PELICAN PRESERVE CONDOMENVAINSDESSOLDENDON, INC. (Name of Corporation as currently filed with the Florida Dept. of State) Nobooo 12539
(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: The new 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. YO CASTLE MANAGEMENT B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 12270 SW 3 ST, #200 PLANTATION, FL 33325 C. Enter new mailing address, if applicable: GO CASTLE MANAGEMENT (Mailing address MAY BE A POST OFFICE BOX) POBOX 559009 FT. LAWDERSALE, P. 33355 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: Name of New Registered Agent: New Registered Office Address: (Florida street address) (City) (Zip Code) 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

Signature of New Registered Agent, if changing

position.

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>	Address	Type of Action
		····	
-			
E. If amen (attach a	ding or adding additional Articles, and ditional sheets, if necessary). (Be	enter change(s) here: specific)	
	——————————————————————————————————————		

The date of each amendment(s) adop	tion: 8/18/10
· · · · · ·	(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 adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated	3/18/10
Signature	
have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)