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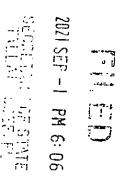
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Office Use Only



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A. Butter 9115/21

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: | OMEOWNERS AS: | SOCIATION, INC. | |
|---|----------------------|----------------------------------|--|
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are | | | |
| Please return all correspondence concerning this | matter to the follow | ving: | |
| MAY GALAN | | | |
| · · · · · · · · · · · · · · · · · · · | (Name of Cor | ntact Person) | |
| FIRSTSERVICE RESIDENTIAL | | | |
| | (Firm' Co | ompany) | |
| 5200 BLUE LAGOON DRIVE, STE 1000 | | | |
| | tAddi | ress) | |
| MIAMI, FL 33126 | | | |
| | (City- State ar | nd Zip Code) | |
| MAY.GALAN@FSRESIDENTIAL.COM | | | |
| E-mail address: (to be | used for future and | mal report notificat | on) |
| For further information concerning this matter, p. | lease call: | | |
| MAY GALAN | | 786 | 319-5284 |
| (Name of Contact Pe | erson) | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount ma- | de payable to the F | lorida Department c | of State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta | | opy Cert copy is Cert (Add | 50 Filing Fee ificate of Status ified Copy ditional Copy is losed) |
| Mailing Address Amendment Section | | Street Address Amendment Sec | |
| Division of Corporations | | Division of Cor | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation Fig. ED PANACHE HOMEOWNERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

2021 SEP -1 PH 6: 06 N06036 (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: Name of New Registered Agent: (Florida street address) New Registered Office Address: . Florida (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 position.

Signature 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 | PT John Do V Mike Jo SV Sally S | ones | |
|---|---|--|--|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) <u>> Change</u> Add | <u>D</u> | CYNTHIA DA SILVA | 5200 BLUE LAGOON DR, 1000 MIAMI, FL 33126 |
| Remove | | | |
| 2) × Change Add | <u>P</u> | DAVID COMESANAS | 5200 BLUE LAGOON DR, 1000 MIAMI, FL 33126 |
| Remove | <u>T</u> | MARGARITA ALZUGARAY | 5200 BLUE LAGOON DR, 1000 MIAMI, FL 33126 |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or adding (attach additional sheet | g additional Arti s, if necessary). | rles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption date this document was signed. | otion: | | | if other than the |
| Effective date if applicable: | | | | |
| | (no more than 90 d | ays after amendmen | ı file date) | |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the appl | icable statutory filin | | ll not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |

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

| | embers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors. |
|------------------|--|
| Dated Signati | ure Sand Language |
| J | (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) |
| | DAVID COMESANAS |
| | (Typed or printed name of person signing) |
| | PRESIDENT |

(Title of person signing)