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NUEVA ANDALUSIA OWNERS ASSOCIATION 1, INC.

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		SIA OWNERS ASSO	CIATION I, I	NC.
	N07000000734			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
James R. Pratt, Esquire/ De	eanne			
		(Name of Contact Pe	rson)	
Burr & Forman LLP				
		(Firm/ Company)	
200 S. Orange Avenue, Sui	te 800			
		(Address)		
Orlando, Florida 32801				
		(City/ State and Zip (Code)	
jpratt@burr.com				
	-mail address: (to be used	I for future annual rep	ort notification	1)
For further information con-	cerning this matter, please	call:		
James R. Pratt, Esquire/ De	anne	at	407	540-6600
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida [Department of	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

NUEVA ANDALUSIA OWNERS ASSOCIATION 1, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N07000000734 (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: N/A 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. 20 Rivermede Rd. Suite 204 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Concord, ON L4K 3N3, Canada C. Enter new mailing address, if applicable: 20 Rivermede Rd. Suite 204 (Mailing address MAY BE A POST OFFICE BOX) Concord, ON L4K 3N3, Canada 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: James R. Pratt Name of New Registered Agent: 200 S. Orange Ave. Suite 800 (Florida street address) New Registered Office Address: Orlando 32801 Florida (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 position.

egistered 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 D Y Mike John SV SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
Change Add Remove	<u>P</u>	TODD JONES	23975 Park Sorrento, Ste. 300 Calabasas, CA 91302
2) Change Add	<u>P</u>	PAUL FEDERICO	20 Rivermede Rd. Suite 204 Concord, ON L4K 3N3, Canada
Remove 3) Remove	<u>s</u>	JORDAN KUSHNER	23975 Park Sorrento, Ste. 300 Calabasas, CA 91302
4) Change Add	<u>s</u>	PAUL FEDERICO	20 Rivermede Rd. Suite 204 Concord, ON L4K 3N3, Canada
Remove 5) Change Add x Remove	<u>VPT</u>	GEOFFREY REID	23975 Park Sorrento, Ste. 300 Calabasas, CA 91302
δ) Change Add	VPT	PAUL FEDERICO	20 Rivermede Rd. Suite 204 Concord, ON L4K 3N3, Canada
E. If amending or adding (attach additional sheet) N/A		cles, enter change(s) here: (Be specific)	

			 			
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The date of each amendment(s) a date this document was signed.	adoption:		_			, if other tha
Effective date if applicable:						
	(no	more than 90 c	days after ame.	ndment file date,)	
Note: If the date inserted in this badocument's effective date on the D	olock does n Department	of State's recor	olicable statutor rds.	ry filing requirer	nents, this date will	not be listed as the
Adoption of Amendment(s)	Œ	CHECK ONE)				

Dated	October 15, 2021
Signatur	e Pellu
	(By the charman 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)
	PAUL FEDERICO
	PAUL FEDERICO (Typed or printed name of person signing)