N07000003532

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R NOTE APR 25 2021

COVER LÈTTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: RENAR RIVER P	LACE MASTER ASSOCI	ATION, INC.		
	BER: N07000002532				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	JOSHUA MIRON				
	Name of Contact Person				
		Firm/ Company			
	P.O. BOX 788				
	Address				
	JENSEN BEACH, FL 34957 City/ State and Zip Code				
	JMIRON@SHARFHOLDIN	sed for future annual report	notification		
For further information	on concerning this matter, plea		261-7740		
Name of Contact Person at (954) 261-7740 Area Code & Daytime Telephone N			de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation \mathbf{of}

(<u>Name</u>	of Corporation as current	ly filed with the Florida D	ept. of State)
N07000002532			
-	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	7 adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cahartered," "professional association,"	Corp," "Inc," or "Co". $$.	A professional corporation	or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
			· -
C. Enter new mailing address, if appl	licable:		
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)		
D. If amanding the registered agent as	ad/ou magistanad affice add	unes in Elevide enter the	
D. If amending the registered agent an new registered agent and/or the ne			name of the
Name of New Registered Agent	JOSHUA MIRON		
- North Marie Mari	3731 NE PINEAPPLE AV	E., 2ND FLOOR	
	(Florida str	veet address)	
New Registered Office Address:	JENSEN BEACH		. Florida 34957
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ions of the position
Thereby accept the appointment as region		our una accept the bougar	ions of the position.
	/ /\L		
-	<u> </u>		
	Signature of Vew R	egistered Agent, if changin	g
Check if applicable	/		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	CHARLES BERLUSCONI	P.O. BOX 788
Add			JENSEN BEACH, FL 34958
X Remove			
2) Change	<u>s</u>	TIMOTHY BRIGHT	P.O. BOX 788
X Add			JENSEN BEACH, FL 34958
Remove 3) X Change	VP	KEVIN KRYZDA	P.O. BOX 788 JENSEN BEACH, FL 34958
Add			·
Remove			·
4) Change		_	
Add			
Remove			
5) Change			_ -
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an excha	inge, reclassific	cation, or car	ncellation of i	ssued shares,	
rovisions for implementing the amen	dment if not co	ontained in t	<u>he amendmer</u>	it itself:	
(if not applicable, indicate N/A)					
	_				
-					
					
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	-	<u> </u>			
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The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the an ufficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
2/23/21 Dated		
Signature		
(By a c	lirector, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or sted fiduciary by that fiduciary)	
	BENJAMIN K. SHARFI, TRUSTEE OF THE BENJAMIN S	HARFI 2002 TRUST
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	