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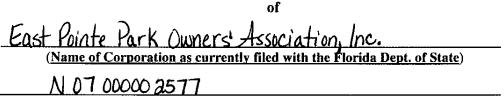
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: East Pointe Par	rk Öwners	
DOCUMENT NUMBER: NO 700000 25	77	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
John Doyle. (Name of C	ontact Person)	
Doyle + Uc Grath Rea	1 Estate. UC Company)	
19005 N Dale Mabry	Hwy dress)	
Lutz, FL 33548 (City/ State	and Zip Code)	
Stacie @ doylemcarate E-mail address: (to be used to	h. com or future annual report notificat	ion)
For further information concerning this matter, please c	all:	
Stacie Ulivon (Name of Contact Person)	at (<u>813</u>) <u>948-7</u> (Area Code & Daytime	1368 · Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department o	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center O	5

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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:

(Document Number of Corporation (if known)

ie new name must be distinguishable and breviation "Corp." or "Inc." <u>"Company"</u>			acorporated" or the
Enter new principal office address, if aprincipal office address <u>MUST BE A STRE</u>			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	- <u>le:</u> ICE BOX)		
	_		
	-		
If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
If amending the registered agent and/or new registered agent and/or the new registered Agent:			nter the name of the
new registered agent and/or the new reg	zistered office addr		nter the name of the
<u>Name of New Registered Agent:</u>	gistered office addr	ess;	nter the name of the

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
VPD	/ 1	39 36 Lago Di Grata Cir San Diego y CA 92130	☐ Add ☑ Remove
VP	Deborah Mason	703 Isle Bay Dr Apollo Beach, FL 33572	Add Remove
			☐ Add ☐ Remove
	nding or adding additional Articles, enter chanditional sheets, if necessary). (Be specific		

The date of each amendment(s) a	5-6-11
	(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 ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	5-6-11
Signature	
(By the have no	chairman or vice chairman of the board, president or other officer-if directors theen selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Manager (Title of person signing)

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