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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VISTA LAGO At the Hammocks
DOCUMENT NUMBER: NO 7000005955
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Diaz
(Name of Contact Person)
Rait Presidential
(Firm/ Company)
10571 SW 156 Place
(Address)
City/State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Jennifer Diaz 305-388-1680
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) S35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certificate of Status (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clored Canal C

Articles of Amendment to Articles of Incorporation

Vista Logo at the hammacks Conda (Name of Corporation as currently filed with the Florida Dept. of State)	ASS!	oc;
(Name of Corporation as currently filed with the Florida Dept. of State)		
N0700000595+	<u>l</u> Ī	In-
(Document Number of Corporation (if known)	ļ	
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."	g quantity and a second	
"Company" or "Co." may not be used in the name.	İ	
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)	Ì	
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:		
	云	NS.
Name of New Registered Agent:	<u></u>	SSS
(Florake street achiress)	=	25m
New Registered Office Address:	2	
, Florida	₽	ૻૢૹૣ૽ૡ૽૽૽ૺ
(City) (Zip Code)		100 S
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.	AM 11: 06	SHOLL TE
Signature of New Registered Agent, if changing		
	1	

Page 1 of 4

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 Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	· •		10571 Sw 156 Pl. Micmi Fl 33196
2) Change Add	YP+T	Michael Hogentogler	<u>10571 SW156</u> P1 Micmi F1 33196
Remove 3) X Change Add	<u>S_</u>	Daisy Minaya	10571 SW156P1. Micmi F133196
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	-		
		Page 2 of 4	

J. Clad Mater Dans 4

. If amending or adding additional Art	icies, enter change(s) nere:
. If amending or adding additional Art (uttach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption:	sifother than theof sin	
Effective date if applicable: FEXIVOY 27, 2015	DIVISION OF C	ORPORA
(no more than 90 days after amendment file date)	15 JUL 21	TAM II:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill 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.)	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
Dated 5/4/15		
Signature		
(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)		
Jemilar Diaz		
(Typed or printed name of person signing)		
Troperty Monagur (Title of person signing)		

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In filed Motor Dags 6