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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| DOVE LANDING | G CONDOMINIU | ЛМ | · · | |
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| ASSOCIATION # | #1, INC. | | | |
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| | | | Art of Inc. File | |
| | | | LTD Partnership File | |
| | | | Foreign Corp. File | _ |
| | | | L.C. File | |
| | | | Fictitious Name File | |
| | | | Trade/Service Mark | |
| | | | Merger File | |
| | | ĺ | Art. of Amend. File | |
| | | | RA Resignation | |
| | | | Dissolution / Withdrawal | |
| | | | Annual Report / Reinstatement_ | |
| | | | Cert. Copy | |
| | | | Photo Copy | |
| | • | | Certificate of Good Standing | |
| | | | Certificate of Status | |
| | | | Certificate of Fictitious Name | |
| | | | Corp Record Search | |
| | | | Officer Search | |
| | | | Fictitious Search | _ |
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COVER LETTER

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| | COVER LETTE | <u>CR</u> | |
| TO: Amendment Section Division of Corporation | ns | | 201 |
| NAME OF CORPORATION | DOVE LANDING CONDOMINIUM AS | SOCIATION #1, INC. | 2 phus |
| DOCUMENT NUMBER: | N07000006971 | | |
| The enclosed Articles of Am | nendment and fee are submitted for filing. | | |
| Please return all corresponde | ence concerning this matter to the following: | | |
| JOANNA PLESSIS | | | |
| | (Name of Contact Pe | erson) | |
| SERBER & ASSOCIATES | , P.A. | | |
| · · · · · · · · · · · · · · · · · · · | (Firm/ Company | () | |
| 2875 N.E. 191ST STREET | SUITE 801 | | |
| | (Address) | | |
| AVENTURA, FL 33180 | | | |
| | (City/ State and Zip | Code) | |
| JPLESSIS@SERBERLAW | FIRM.COM | | |
| | -mail address: (to be used for future annual rep | port notification) | |
| For further information cond | erning this matter, please call: | | |
| JOANNA PLESSIS | at at | 305-932-6262 | |
| | (Name of Contact Person) | (Area Code) (Daytime Telephone Number |) |
| Enclosed is a check for the f | following amount made payable to the Florida I | Department of State: | |
| \$35 Filing Fee | □\$43.75 Filing Fee & □\$43.75 Filing Fee Certificate of Status Certified Copy (Additional copy i enclosed) | Certificate of Status | |

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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| | | | المجاهد المراجعة المراجعة |
|--|---|--|------------------------------|
| | Articles of Amendment | | 1 |
| | to Articles of Incorporation | 70 | · . |
| | of | · `_ | _ |
| OVE LANDING CONDOMINIUM ASSOCIAT | 70N #1, INC. | ~ | י אי |
| (Name of Corporation | as currently filed with the Flo | rida Dept. of State) | O. Y. C. |
| 7000006971 | | | بېر ك |
| (Docum | nent Number of Corporation (if) | known) | |
| nuant to the provisions of section 617.1006, Flor indment(s) to its Articles of Incorporation: | ida Statutes, this Florida Not Fo | or Profit Corporation adopts the following | |
| If amending name, enter the new name of the | corporation: | | |
| | | The new | |
| ne must be distinguishable and contain the word ompany" or "Co." may not be used in the name | "corporation" or "incorporate | ed" or the abbreviation "Corp." or "Inc." | |
| mpany or co. may not be used in the name | <u>:</u> | | |
| Enter new principal office address, if applica | ble: | | |
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| ncipal office address <u>MUST BE A STREET A</u> | | | |
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| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered registered agent and/or registered agent and/or the new registered agent. Name of New Registered Agent: | BOX) Stered office address in Florida ed office address; MARTIN SAIDON 1882 Tyler Street | a, enter the name of the | |
| Incipal office address MUST BE A STREET A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered agent new registered agent and/or the new registered. | BOX) Stered office address in Florida ed office address: MARTIN SAIDON 1882 Tyler Street | Florida street address) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered registered agent and/or registered agent and/or the new registered agent. Name of New Registered Agent: | BOX) Stered office address in Florida ed office address; MARTIN SAIDON 1882 Tyler Street | | |

Page 1 of 4

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 | <u>V</u> <u>Mi</u> | nn <u>Doe</u> ke Jones ly Smith | |
|----------------------------------|--------------------|---------------------------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1)Change | PT | ARIEL FURMAN | 1882 TYLER STREET |
| Add | | | HOLLYWOOD, FL 33020 |
| X Remove | | | |
| 2) Change | <u>D</u> | SERGIO FURMAN | 1882 TYLER STREET |
| Add | | | HOLLYWOOD, FL 33020 |
| X Remove | | | |
| 3) Change | P | MILKO E. GRBIC | 17121 COLLINS AVENUE |
| X Add | | | #3404 |
| Remove | | | SUNNY ISLES, FL 33160 |
| 4) Change | TD | DANIELA ANCELOVICI | 17121 COLLINS AVENUE |
| X Add | | | #3404 |
| Remove | | • | SUNNY ISLES, FL 33160 |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| δ) Change | | | |
| Add | | | |
| Remove | | | |

| . If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | | | |
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| The date of each amendment(s) add | option:, if other than th |
|--|---|
| date this document was signed. | |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this bloc document's effective date on the Dep | k does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adwas/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) |
| There are no members or memb adopted by the board of directo | ers entitled to vote on the amendment(s). The amendment(s) was/were rs. |
| Dated | |
| | |
| Signature | |
| | man or vice thairmar of the board, president or other officer-if directors |
| | n selected, by an incorporator - if in the hands of a receiver, trustee, or |
| other court | ppointed fiduciary by that fiduciary) |
| MARTIN | SAIDON |
| | (Typed or printed name of person signing) |
| VICE PR | ESIDENT/SECRETARY |
| | (Title of person signing) |