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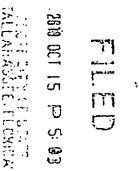
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Dream Lake Plaza Co DN:	ndominium Associ	ations,	lnc.	
DOCUMENT NUMBER:	N08000008307				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Keisha N. Alexander					
	(Name of Contact P	erson)		
Dream Lake Plaza Condomi	nium Association Inc.				
		(Firm/ Compan	y)	 -	
551 N. Park Avenue, Suite A	1				
		(Address)			· · · · · · · · · · · · · · · · · · ·
Apopka, FL 32712					
	(City/ State and Zip	Code)		
amazingsmilestudio@yahoo	.com				
E-	mail address: (to be used	for future annual re	port no	tification)
For further information conce	erning this matter, please c	all:			
Keisha N. Alexander		ai	407		915-4920
((Name of Contact Person)			Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida	Departi	ment of S	State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & C Certificate of Status			Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
P.O. Box 6	nt Section f Corporations	Ai Di Cl	vision ifton B	ent Section of Corpouilding	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Dream Lake Plaza Condominium Association Inc.		of	FILED			
(Name of Corporation	as curren	tly filed with the Florida Dep	t. of State)			
N08000008307			2813 OCT 15 P 5: 93			
•		er of Corporation (if known)	TALLAHASSELTÈCALA			
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit	Corporation adopts the following			
A. If amending name, enter the new name of the	e corporati	ion:				
name must be distinguishable and contain the wora	d "cornoral	tion" or "incorporated" or the	The new			
"Company" or "Co." may not be used in the name	•	non or incorporated or the	universation corp. or me.			
B. Enter new principal office address, if applica	ıble:	551 N. Park Avenue, Suite A				
(Principal office address <u>MUST BE A STREET A</u>		S) Apopka, FL 32712				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	551 N. Park Avenue, Suite A				
		Apopka, FL 32712				
D. If amending the registered agent and/or registered agent and/or the new register			e name of the			
		Alexander				
Name of New Registered Agent:	551 N. Park Avenue, Suite A					
	(Florida street address)					
New Registered Office Address:						
	Apopka		, Florida			
		(City)	(Zip Code)			
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			zations of the position.			
_	Si	ignature of New Registered Age	ent, 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P/T	Barbara A. Kowal	541 N. Park Avenue
Add			Apopka, FL 32712
X Remove			
2) Change	P/T	Keisha N. Alexander	551 N. Park Avenue, Suite A
X Add			Apopka, FL 32712
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 -		
Add			
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

attach additional shee	ts, if necessary).	(Be specific)				
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		<u>.</u>			'n '	
						

	October 11, 2019	
he date of each amendment(s) a	doption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or men adopted by the board of direc	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated October 1	1,2019 1 /2019	
have not be	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
Barbara	A. Kowal	
	(Typed or printed name of person signing)	
Preside	nt/Treasurer	
	(Title of person signing)	