N09000006551

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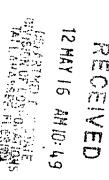
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Amend



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CORPORATE FILING SERVICE

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PORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
SANTA MA	ARIA DEL MAR IL IA
(Corporation Name)	(Document #)
(55)	
(Corporation Name)	(Document #)
Walk in Pick up time	☐ Certified Copy
Mail out Will wait	Photocopy
W FILINGS	AMENDMENTS
Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication Domestication	Dissolution/Withdrawal
Other	Merger
THER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement Trademark
•	Other
• •	
	Framinar's Initials

CR2E031(7/97)

Articles of Amendment to **Articles of Incorporation**

SANTA MARIA DEL MAR II 🚜 🛶 (Name of Corporation as currently filed with the Florida Dept. of State) NO9000006551

/D		
. (Document N	umber of Corporation (if known)	
cursuant to the provisions of section 617.100 ne following amendment(s) to its Articles of	6, Florida Statutes, this <i>Florida Not For Profit Corporation</i> Incorporation:	on adoj
. If amending name, enter the new name	of the corporation:	
the new name must be distinguishable and hbreviation "Corp." or "Inc." <u>"Company</u> "	contain the word "corporation" or "incorporated" or or "Co." may not be used in the name.	the
3. Enter new principal office address, if ap Principal office address MUST BE A STRE		
incipal office address <u>most bit /15114.</u>		
		_
. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF	l <u>e:</u> FICE BOX)	
•		
	registered office address in Florida, enter the name of	the
new registered agent and/or the new re		the contract of the contract o
		the
new registered agent and/or the new re		the
new registered agent and/or the new re	(Florida street address)	
new registered agent and/or the new re	gistered office address:	
new registered agent and/or the new research Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if change	(Florida street address) (City) (Sistered office address) (Florida street address) (City) (Zip Code)	

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>	<u>Address</u>	Type of Action
Se <u>creta</u> ry	Cheryl H Rinehart	5123 65th Avenue West University Place WA 98467	Kl _₹ Add □ Remove
		•	
		-	☐ Add ☐ Remove
E. <u>If amendi</u> (attach ada	ng or adding additional Articles, ditional sheets, if necessary). (Be	enter change(s) here: specific)	
			
			<u> </u>
	·		
		· -	
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s)	adoption: May 14 2012
• ,	(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 a was/were sufficient for approve	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were cors.
Dated	May 14 2012
have no	c chairman or vice chairman of the board, president or other officer-if director of been selected, by an incorporator – if in the hands of a receiver, trustec, court appointed fiduciary by that fiduciary)
	Manuel Alcantara (Typed or printed name of person signing)
	President
	(Title of person signing)

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