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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: C. R. i bbear	Villas 1	Associati	ion Inc	
DOCUMENT NUMBER:	00 93 10			
The enclosed Articles of Amendment and fee are submit	ted for filing.			
Please return all correspondence concerning this matter t	o the following:			
Charles Diminio, F	Resident  Rame of Contact Pers	on)		
Caribbean Villes Associa				
	(Firm/ Company)			
1919 Neptone Daisa				
	(Address)			
Englewood F1 , 342.	<i>13</i>			
(0	City/ State and Zip Co	ode)		
Florida truns plant 93 @ E-mail address: (to be used for	y 144 00. Cl	744 rt notification)		<del></del>
For further information concerning this matter, please ca	all:			
Charles Dividio (Name of Contact Person)	at	754	234-0213	
(Name of Contact Person)	(	Area Code) (	Daytime Telephone Numb	er)
Enclosed is a check for the following amount made paya	able to the Florida De	epartment of Sta	te:	
<b>Z S S S S S S S S S S</b>		Certifica Certified	te of Status Copy nal Copy is	
Mailing Address	Stre	et Address		
Amendment Section	Ame	endment Section		
Division of Corporations		ision of Corpora	tions	
P.O. Box 6327 Clifton Building				
Tallahassee, Fl. 32314	266	1 Executive Cen	ter Circle	

Tallahassee, FL 32301

## Articles of Amendment

Articles of Amendment 20					
to Olan Co					
Articles of Incorporation					
Articles of Amendment to Articles of Incorporation of  GRibbean ///AS ASSOCIATION INC  (Name of Corporation as currently filed with the Florida Dept. of State)					
(Name of Corporation as currently filed with the Florida Dept. of State)					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following unendment(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." "Company" or "Co." may not be used in the name.					
B. Enter new principal office address, if applicable: 1523 Lakeside DRIVE  (Principal office address MUST BE A STREET ADDRESS)  Venice F1.					
34293					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1523 Lakeside Dlive  Venice F1					
Venice Fl					
34293					
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:					
Name of New Registered Agent: 505aN Edstroul 1523 Lakeside Drive					
(Florida street address)					
New Registered Office Address:					
Venice Florida 34293 (City) (Zip Code)					
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.					
t nereny accept the appointment as registered agent. I am jamatur with and accept the obligations of the position.  A					
Lugar Edotion					
Signature of New Registered Agent, if changing					

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 Doc 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		Doc : Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	TD	Jacqueline Bluthar	at 1734 Capisbeau Ci
Add			Veuice Fl
Remove			34293
2) Change	I	Susan Edstrom	1523 LAKESIDE DRI
X Add			Venice Fl
Remove	_		34293
3 ) Change	$\mathcal{D}_{-}$	Shirley Dickers	1741 CARibbean Circle
Add			<u>Venice 1-1.</u>
Remove			34293
4) X Change		Janet Lucksinger	1523 Lakeside Dilive
Add			Venice Fl
Remove			34293
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)	<del>_</del>		
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The date of each amendment(s)	adoption:	81041	12015		_, if other than the
late this document was signed.		, ,	- o	د سیس سیر	0/4/000
Effective date <u>if applicable</u> :				Effective	8/16/2018
<del></del>	(no more than	90 days after amer	idment file date)		
Note: If the date inserted in this I document's effective date on the I	plock does not meet the Department of State's re	applicable statutory cords.	y filing requiremen	its, this date will not b	ne listed as the
Adoption of Amendment(s)	( <u>CHECK O</u>	<u>NE</u> )			
☐ The amendment(s) was/were was/were sufficient for appro		rs and the number (	of votes east for th	e amendment(s)	
There are no members or me adopted by the board of dire		on the amendment(s	). The amendmen	t(s) was/were	
Dated	8/04/2	018			
Signature	harles &	Similar.		in diameter	<del>-</del>
have not	airman or vice chairma been selected, by an ind irt appointed fiduciary b	corporator – if in th	e hands of a receiv	er, trustee, or	
	Phanles I	DIMIDIO	· · · · · · · · · · · · · · · · · · ·		
(Typed or printed name of person signing)					
	President	(Title of pers		Villas As	sociation July
		CLIRE OF Defs	OU SIGNING)		