## N13000000005

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	CONDOMINIUM	ASSOCIATIO	N, INC.
N13000000105 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submit	tted for filing.		
Please return all correspondence concerning this matter t	to the following:		
NINA CHAVES			
(1)	Name of Contact P	erson)	- · · <del>-</del> · · <del>-</del>
MCKINLEY COMPANIES, LLC			
	(Firm/ Company	y)	
320 N. MAIN STREET, SUITE 200			
	(Address)		
ANN ARBOR, MI 48104			
(C	City/ State and Zip	Code)	
ealonso@mckinley.com			
E-mail address: (to be used fe	or future annual rep	port notification	<del>-</del>
For further information concerning this matter, please ca	II:		
NINA CHAVES	at	734	769-8520 ext 10102
(Name of Contact Person)	···	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida l	Department of S	tate:
	\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certific s Certific	Filing Fee cate of Status ed Copy ional Copy is sed)

**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 of

	les of Amendment to es of Incorporatio of		DIB SER CO
HARBOR BEACH II CONDOMINIUM ASSOCIATION, I	INC.		
(Name of Corporation as currently N13000000105	ntly filed with the	Florida Dept. of Sta	te)
(Document Numl	ber of Corporation	(it'known)	E)
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida No</i>	ot For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corporat	<u>tion:</u>		
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorpo	rated" or the abbrevi	The new ation "Corp," or "Inc,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	)		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	320 NORTH M	AIN STREET, SUITE	£ 200
	ANN ARBOR.	M1 48104	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office :		rida, enter the name	of the
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	(Florida street address)		
	(City)	, ŀ	lorida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		ecept the obligations of	of the position.
	Standings of Nove B	Sairtaged Amount if the	- meine

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	$\underline{V} = \underline{M}$	hn Dog ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	STD	LEWIS, NATE	320 NORTH MAIN STREET
Add			SUITE 200
X Remove			ANN ARBOR, MI 48104
2) Change	STD	BERRIZ, ANDREW	320 NORTH MAIN STREET
X Add			SUITTE 200
Remove			ANN ARBOR, MI 48104
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5/ Change			
Add			
Remove			
A) 29.00			
6) Change			
Add			<del></del>
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)				
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The	date of each amendment(	s) adoption:	, if other than the
late	this document was signed.		
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
		s block does not meet the applicable statutory filing requirements, this date Department of State's records.	te will not be listed as the
Ado	pption of Amendment(s)	( <u>CHECK ONE</u> )	and the second second
	The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes east for the amendmentoval.	ent(s)
	There are no members or i adopted by the board of di	ere	
	Dated SEPTI	MBER 19TH, 2018	
	Signature		
	have no other co	chairman or vice chairman of the board, president or other officer-if direct to been selected, by an incorporator $f$ if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)  BERT M. BERRIZ	tors or
		(Typed or printed name of person signing)	
	PRF	SIDENT & DIRECTOR	
	<del></del> -	(Title of person signing)	