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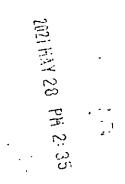
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	Address)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	F SURFSIDE CONDOM	IINIUM ASSO	OCIATION, INC
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
RAMZI ACHI			
	(Name of Contact P	erson)	
	(Firm/ Compan	y)	
176 N.E. 43RD STREET			
	(Address)		
MIAMI, FL 33137			
	(City/ State and Zip	Code)	
RAMZI@FORTPARTNERS.COM			
E-mail address: (to be	used for future annual re	port notification	on)
For further information concerning this matter, pl	ease call:		
MIGLE GECIAUSKAITE	at	786	4822325
(Name of Contact Pe			(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida	Department of	f State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of State		Certi is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ai Di	reet Address mendment Sec vision of Corp ne Centre of	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SURF CLUB OF SURFSIDE CONDOMINIUM ASSOCIATION, INC

(Name of Corporation as currently filed with the Florida	a Dept. of State)
N14000001704	
(Document Nun	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statiamendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
N/A	The new
name must be distinguishable and contain the word "corpor" Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRES.	(<u>22</u>
	-
•	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	IVA
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
N/A	Cauditiss.
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	,
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am J	familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
	2 7

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	PT John Do V Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u>v</u>	SIEGAL, BIPPY	9111 COLLINS AVENUE N321, SURFSIDE, FL 33154 US
x Remove			
2) Change Add	<u>V</u>	SCHOTT, STEPHEN	9111 COLLINS AVENUE, N914 SURFSIDE, FL 33154 US
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	
			
		<u> </u>	

	<u> </u>	
	<u>·</u> _	
		
		
		
		
APRII 16TH 2021		
The date of each amendment(s) adoption: APRIL 16TH, 2021 date this document was signed.	·	, if other than the
Effective date if applicable:		
Effective date if applicable: (no more than 90 days after a	imendment file date)	
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	utory filing requirements, this date will i	not be listed as the

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated <u>5-14-21</u>
Signature
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
RAMZI ACHI
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)