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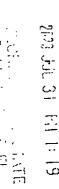
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		URFSIDE CONDOMIN	NIUM ASSO	CIATION, INC.	
DOCUMENT NUMBER:	N14000001704				
The enclosed Articles of Art	` -	omitted for filing.			
Please return all correspond	lence concerning this mar	ter to the following:			
KEITH SPACE					
		(Name of Contact Pers	son)		
		(Firm/ Company)			
176 N.E. 43RD STREET					
		(Address)	•		
MIAMI, FL 33137					
		(City/ State and Zip Co	ode)		
KSPACE@FORTPARTNI	ERS.COM				
I	E-mail address: (to be use	d for future annual repo	rt notification	n)	-
For further information con	cerning this matter, please	e call:			,
MIGLE GECIAUSKAITE		at	786	3803740	one Number)
	(Name of Contact Person	1) (Area Code)	(Daytime Telepho	one Number) -
Enclosed is a check for the	following amount made p	ayable to the Florida Do	epartment of	State:	·
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	NO PATE
Mailing	t ddroce	P4	at Adrese		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SUPECTUB OF SURFSIDE CONDOMINIUM ASSOCIATION, INC. Corporation as currently filed with the Florida Dept. of State) (Nar N140 201704 (Document Number of Corporation (if known) ant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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 nume. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (Citv) (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.

Signature of New Registered Agent, 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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	V	STEPHEN SCHOTT	9111 COLLINS AVENUE SURFSIDE, FL 33154
 X Remove 2) Change X Add 	<u>v</u>	PADMAJA RAJ VATTIKUTI	9001 COLLINS AVENUE UNIT SPH6,SURFSIDE, FL 33154
Remove 3) Change Add Remove			20
4) Change Add			120 July 3
Remove 5) Change Add			
Remove 6)ChangeAdd			777
Remove E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) addate this document was signed.	loption: 4/25/2023	, if other than
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing requirement	
Adoption of Amendment(s)	(CHECK ONE)	

adopted by the board of directors.

	7/14/2023
Dated	
	OccuSigned by:
Signatu	re keithe Space
ŭ	(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) KEITH SPACE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

SECRETAIN LESINTE