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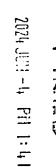
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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations

SURF CL	UB OF SURFSIDE CO	NDOMINIUM A	ASSOCIATION, I	NC.
N1400000170	4			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and t	ee are submitted for fili	ng.		
Please return all correspondence concernin	g this matter to the follo	wing:		
KEITH SPACE				
	(Name of Co	ontact Person)		
	(Firm/ C	Company)		
176 N.E. 43RD STREET				
	(Add	dress)		_
MIAMI, FL 33137				
·	(City/ State a	and Zip Code)	, .	
KSPACE@FORTPARTNERS.COM				
E-mail address:	(to be used for future ar	nual report notif	ication)	<u></u>
For further information concerning this ma	tter, please call:	·		
MARIA COBO		786 at	4822325	
(Name of Con	act Person)		ode) (Daytime	Telephone Number)
Enclosed is a check for the following amou	int made payable to the	Florida Departmo	ent of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate	_	Copy il copy is	\$52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

rporation

	01	, i. E.D
SURF CLUB OF SURFSIDE CONDOMINIUM ASSOCIA	TION, INC.	2026 1111
(Name of Corporation as currently filed with the Florida	Dept. of State)	2024 JULI -4 PIL 1:41
N14000001704		1.41
(Document Numb	per of Corporation (if knows	n) :: : : : : : : : : : : : : : : : : :
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pr</i>	ofit Corporation adopts the followin
A. If amending name, enter the new name of the corpora	tion:	
N/A		The nev
name must be distinguishable and contain the word "corpora	ution" or "incorporated" or	the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		
(Principal office address MOST BE A STREET ADDRESS	,) 	
	•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	_
D. If amending the registered agent and/or registered off	ice address in F <u>lorida, ent</u>	er the name of the
new registered agent and/or the new registered office		
N/A Name of New Registered Agent:		
	(Florida	street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		obligations of the position.
	ignature 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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	V	PADMAJA RAJ VATTIKUTI	9001 COLLINS AVENUE UNIT SPH6,SURFSIDE,FL,33154
× Remove			
2) Change Add	<u>v</u>	JACKIE SIMON	9001 COLLINS AVENUE UNIT \$411,SURFSIDE,FL,33154
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			<u> </u>
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
1=14			
	·		

The date of each amendment(s) adoption: 4/16/2024 date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	, if other tha
The date of each amendment(s) adoption: 4/16/2024 late this document was signed.	if other tha
4/16/2024	if other the
	
	<u> </u>

DocuSign Envelope ID; E4D4B0D9-A9A8-4FA0-8F13-059797E09A1E

adopted by the board of directors.

Dated	
	OocuSigned by:
Signature	keithe Space
(By the	he chairman of Vice chairman of the board, president or other officer-if director
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or
othe	er court appointed fiduciary by that fiduciary)
	Keith Space
_	(Typed or printed name of person signing)

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