## N14000009115

| (Reque                       | estor's Name)  |             |
|------------------------------|----------------|-------------|
| (Addre                       | ss)            |             |
| (Addre                       | ss)            |             |
| (City/S                      | tate/Zip/Phone | e #)        |
| PICK-UP                      | ☐ WAIT         | MAIL        |
| (Busin                       | ess Entity Nan | ne)         |
| (Docur                       | nent Number)   | <del></del> |
| Certified Copies             | Certificates   | of Status   |
| Special Instructions to Fili | ng Officer:    |             |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| Alerio Cor<br>NAME OF CORPORATION:            | dominium Associatio     | n, Inc.                      |   |  |
|---|-------------------------|------------------------------|---|--|
| N14000008115                                  |                         |                              |   |  |
| The enclosed Articles of Amendment and fi     | ee are submitted for fi | ling.                        |   |  |
| Please return all correspondence concerning   | this matter to the foll | owing:                       |   |  |
| Robert Kauffman                               |                         |                              | _   |  |
|   | (Name of C              | Contact Person)              | <del></del>   |  |
| Dunlap & Shipman, P.A.                        |                         |                              |   |  |
|   | (Firm/                  | Company)                     |   |  |
| 2063 County Highway 395                       |                         |                              |   |  |
|   | (A)                     | ddress)                      |   |  |
| Santa Rosa Beach, FL 32459                    |                         |                              |   |  |
|   | (City/ State            | and Zip Code)                |   |  |
| robert@dunlapshipman.com                      |                         |                              |   | 2  |
| E-mail address:                               | to be used for future a | annual report notifica       | tion)   | 022 I  |
| For further information concerning this man   | ter, please call:       |                              |   | 022 NOV 15   |
| Robert Kauffman                               |                         | 850                          | 231-3315  | المراجعة الم |
| (Name of Cont                                 | act Person)             | (Area Cod                    | e) (Daytime Tele  | phone Number   |
| Enclosed is a check for the following amou    | nt made payable to the  | e Florida Department         | of State:   | ); 07  |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate | of Status Certified     | Copy Cenal copy is Cell) (Ad | 2.50 Filing Fee<br>rtificate of Status<br>rtified Copy<br>dditional Copy is<br>sclosed) | • *  |
| Mailing Address                               |                         | Street Addres                | <u>s</u>  |  |

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

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

Alerio Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N14000008115 (Document Number of Corporation (if known) Pursuant 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 name. 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: Florida (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. Signature of New Registered Agent, if changing

| and address of each Offi<br>(Attach additional sheets,<br>Please note the officer/dir<br>P = President; V = Vice F | s and/or Dicer and/or if necessar rector title b President; T = Chief Find | Director being added:  y)  yy the first letter of the office  = Treasurer; S = Secretary; a  ancial Officer. If an officer/a | name of each officer/director being removed and title, name,  title:  D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief lirector holds more than one title, list the first letter of each office |
|--|--|--|---|
| Changes should be noted<br>a change, Mike Jones lea<br>Mike Jones, V as Remove                                     | ves the corp   | poration, Sally Smith is name  | In Doe is listed as the PST and Mike Jones is listed as the $V$ . There is add the $V$ and $S$ . These should be noted as John Doe, $PT$ as a Change,   |
| Example:  X/Change X/Remove X/Add  | <u>V</u> <u>N</u>  | ohn Doc<br>Mike Jones<br>Bally Smith   |   |
| Type of Action<br>(Check One)  | Title  | <u>Name</u>  | <u>Addres</u> s   |
| 1) Change Add Remove   |  |  | N/A   |
| 2) Change Add  |  |  |   |
| Remove 3) Remove Add Remove  |  | <del></del>  |   |

| date this document was signed.  Effective date if applicable:    November 8, 2021   (no more than 90 days after amendment file date)   | authorized electronic vote or by I | mited proxy at a membe                | rs' meeting at which | such amendment is conside | red.                        |
|--|------------------------------------|---------------------------------------|----------------------|---------------------------|-----------------------------|
| the date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the                   |                                    |                                       |                      |                           |                             |
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| (no more than 90 days after amendment file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the   | N                                  | ovember 8, 2021                       |                      |                           |                             |
|  | Effective date if applicable:      | (no more than !                       | 90 days after amend  | ment file date)           |                             |
| document's effective date on the Department of State's records.  |                                    | block does not meet the               | applicable statutory | -                         | e will not be listed as the |

■ The amendment(s) was/were adopted by the members and the number of votes cast for the 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   |
| 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) |
| Sco71 GUENTIICI  (Typed or printed name of person signing)  |
| COA PILSSIDENT (Title of person signing)  |