Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SOLOMON & FURSHMAN, LLP

Account Number : 120050000182

Phone

: (305)861-8034

Fax Number : (305)861-8012

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CHARLESTON COMMONS COMMUNITY ASSOCIATION

INC. Certificate of Status Certified Copy Û Page Count 04 \$35.00 Estimated Charge

Articles of Amendment to Articles of Incorporation of

| lly filed with the Florida Dept. | or Stare) | |
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| er of Corporation (if known) | | |
| s, this <i>Florida Not Far Prafit C</i> | arporation adopts the follow | ving |
| on: | | |
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| ion" or "incorporated" or the a | ibbreviation "Corp." or "In | c.″ ~= |
| 8895 Military Trail, Suite 101- | B (1) | |
| Palm Beach Gerdens, FL 33410 | 0 | |
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| e address in Florida, enter the | name of the | |
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| (Florida street e | oddress) | |
| | . Florida | |
| (City) | (Zip Code) | _ |
| Agent: nillar with and accept the obliga | ilions of the position, | |
| | | |
| | er of Corporation (if known) s, this Florida Not For Profit C on: lan" or "incorporated" or the a 8895 Military Trail, Suite 101- Palm Beach Gardens, FL 3341 c address in Florida, enter the ddress: (Florida street) | er of Corporation (if known) s, this Florida Not For Profit Corporation adopts the follow on: The relation or "incorporated" or the abbreviation "Corp." or "in 8895 Military Trail, Suite 101-B Palm Beach Gardens, FL 33410 e address in Florida, enter the name of the address: (Florida street address) (Florida (City) (Zip Code) |

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 Saily Smith, SV as an Add.

| X Chango X Remove X ∧dd | Y M | hn Doe ike Jones Ily Smith | |
|----------------------------|--------------|----------------------------------|----------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | ₽D | Torosa Baluja | 730 NW 107TH AVENUE |
| Add | | | SUITE 300 |
| X Remove | | | MIAMI, FL 33172 |
| 2)Change | STD | Raisa Krause | 730 NW 107TH AVENUE |
| Add | | - | SUITE 300 |
| X Ramove | | | MIAMI, FL 33172 |
| 3) Change | VD | Greg McPherson | 730 NW 107TH AVENUE |
| Add | | | SUITE 300 |
| X Remove | | | MIAMI, FL 33172 |
| 4) Change | PD | Dean Audreozzi | 8895 MILITARY TRAIL |
| X Add | | | SUITE 101-B |
| Remove | | | PALM BEACH GARDENS, FL 33- |
| 5) Change | VD | Nelson Bennett | 8895 MILITARY TRAIL |
| X Add | | | SUITE 101-B |
| Remove | | | PALM BEACH GARDENS, FL 33 |
| (i) Change | STD | Tara Jinks | 8895 MILITARY TRAIL |
| X Add | | | SUITE 101-B |
| Ramove | | | PALM BEACH GARDENS, FL 33 |

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| E. If amending or adding additional Artifaction additional sheets, if necessary). | icles, enter change(s) here: (Be specific) | |
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| | date of each amendmen | · · · · · · · · · · · · · · · · · · · | , if other than the |
|------|---|--|---------------------|
| date | this document was signed | n | |
| | (A T / MA / AN - B.T | Merch 7, 2017 | |
| ЬR | ective date <u>if applicable</u> : | (no more than 90 days after omendment file date) | |
| | | his block does not meet the applicable statutory filing requirements, this date will no he Department of State's records. | ot be listed as the |
| Adı | option of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/were sufficient for a | vere adopted by the members and the number of votes cast for the amendment(s) oppoval. | |
| 8 | There are no members or adopted by the board of | members entitled to vote on the amendment(s). The amendment(s) was/were directors. | |
| | Dated | h 15, 2017 | |
| | | enfirmen or vice challman of the board, provident or other officer-if directors | _ |
| | | not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | De | an Andreozzi | |
| | - | (Typed or printed name of person signing) | |
| | Pr | esident | |
| | | (Title of person signing) | |