N15000008593

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| Office Use Only | | | | |



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| | Articles of Amen | dment |
| , | to Articles of Incorp | aration |
| | of | 57. 27 |
| · · · | | Y 5 |
| Bonterra South Nei | ghborhood_ | Association, Inc 200 B |
| Name of Corporation as currently filed with the | <u>Florida Dept. of Sta</u> | <u>ite</u>) (c). |
| N15000008593 | | Association, Inc |
| (Docum | ent Number of Corpo | |
| | | |
| ursuant to the provisions of section 617.1006. Flor mendment(s) to its Articles of Incorporation: | ida Statutes, this Flor | rida Not For Profit Corporation adopts the following |
| . If amending name, enter the new name of the | corporation: | |
| N/A | | The new |
| ame must be distinguishable and contain the word | "corporation" or "in | ncorporated" or the abbreviation "Corp." or "Inc." |
| <u>Company" or "Co." may not be used in the name</u> | | |
| B. Enter new principal office address, if applical | ble: N/A | |
| Principal office address <u>MUST BE A STREET A</u> | | |
| | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | N/A | |
| (Mailing address MAY BE A POST OFFICE] | <u>30X</u>) | |
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| | <u></u> | |
| | | · |
| | | |
| . If amending the registered agent and/or regis | tered office address | in Florida, enter the name of the |
| new registered agent and/or the new registere | | |
| Name of New Registered Agent: | N/A | |
| | N/A | |
| · · · | | (Florida street address) |
| New Registered Office Address: | | (r toriaa street aaaress) |
| new negistered office Address. | N1/A | |
| | N/A | , Florida (Zip Code) |
| | (City) | |

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add | <u>PT John D</u> V Mike J SV Sally S | ones | |
|--|--|------------------------------------|--|
| <u>Type of Action</u> (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add | <u>D</u> | MARVIN OTERO | 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 |
| <u>×</u> Remove | | | |
| 2) <u>×</u> Change Add | V | ROBERT FERNANDEZ | 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 |
| 3) <u>×</u> Change Add Remove | <u>D</u> | LIONEL FERNANDEZ | 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 |
| 4) Change Add | <u> </u> | Patricia Timerman Barbosa da Silva | 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 |
| Remove | | | |
| 5) <u>×</u> Change Add | <u>S</u> | LAURA VELEZ-ARVELADO | 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 |
| Remove | | | |
| 6) <u>×</u> Change Add | <u>.</u> | MICHAEL D. PEREZ | 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 |
| Remove | | | |
| E. If amending or addi | ng additional Ar | ticles, enter change(s) here: | |

(attach additional sheets, if necessary). (Be specific)

N/A

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| | ALICHICT IL 2022 | |
| The date of each amendment | AUGUST 11, 2022 | , if other than the |
| date this document was signed. | | |
| alle and tocament was signed | | |
| Effective date if applicable: | AUGUST 11, 2022 | |
| enteente date <u>mappileante</u> . | (no more than 90 days after amendment file date) | |
| | | |
| Note: If the date inserted in this | s block does not meet the applicable statutory filing requiremen | ts, this date will not be listed as the |
| document's effective date on th | e Department of State's records. | |
| | • | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| | | |
| The amendment(s) was/we | re adopted by the members and the number of votes cast for the | amendment(s) |
| was/were sufficient for ap | proval. | |
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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 | AUGUST 11, 2022 | |
|-----------|-----------------|------------|
| i) are u | | \bigcirc |
| Signature | Mihal | Ving |

(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)

MICHAEL D. PEREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)