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COVER LETTER

TO: Amendment Section Division of Corporations

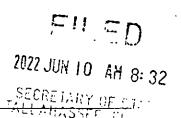
Tallahassee, FL 32314

NAME OF CORPORATION: Braemore Park Conc	Jominiums Association.	Inc.	
DOCUMENT NUMBER: N16000003432			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Kathy Carlson			
	(Name of Contact Pers	on)	
My HOA Services			
	(Firm/ Company)	<u> </u>	· · -
1615 Village Square Blvd. Suite 3			
	(Address)		
Tallahassee, FL 32309			
	(City/ State and Zip Co	ode)	
myhoaservices@gmail.com			
E-mail address: (to be used	I for future annual repor	t notification	1)
For further information concerning this matter, please	ecall:		
Kathy Carlson	8 at	50.510.3452	
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	partment 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)
Mailing Address Amendment Section Division of Corporations	Amer Divis	t Address adment Section of Corpo	rations
P.O. Box 6327	The (Centre of T	aliahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Braemore Park Condominiums Association, Inc.

(Name of Corporation as currently filed with the Flori	da Dept. of State)	ALLAHASSEE, EL
N16000003432		
(Document N	umber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corq "Company" or "Co," may not be used in the name.	poration" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
N 16 12 41 44 14 14 14 14 14		- A A 50
D. If amending the registered agent and/or registered new registered agent and/or the new registered off.		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)
		Musida
	(City)	, Plorida (Zip Code)
New Registered Agent's Signature, if changing Registo	read Amont	
Thereby accept the appointment as registered agent. Tai		ot 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 E V Mike J SV Sally S	lones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add	D	Jav Levenstein	1207 Braemore Way Tallahassee, FL 32308
Remove 2) Change × Add	<u>D</u>	Michael Olenick	1183 Braemore Way Tallahassee, FL 32308
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:	May 20, 2022	, if other than the
date this document was signed.		
Effective date if applicable:		
(h	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this d t of State's records.	ate will not be listed as the
Adoption of Amendment(s)	<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amenda	ment(s)

	May 24, 2022
Dated	
Signatu	- Karnlom & Carlos
8	(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)
	other court appointed fiduciary by that fiduciary)
	·
	other court appointed fiduciary by that fiduciary)
	other court appointed fiduciary by that fiduciary) Kathleen A Carlson
	other court appointed fiduciary by that fiduciary) Kathleen A Carlson