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(((H24000189273 3)))



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Division of Corporations

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From:

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Account Number : I2004000083

: (954)474-8000

Phone Fax Number

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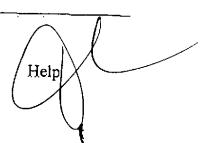
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COR AMND/RESTATE/CORRECT OR O/D RESIGN THE FALLS AT PARKLAND MASTER ASSOCIATION, INC.

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June 3, 2024

FLORIDA DEPARTMENT OF STATE

THE FALLS AT PARKLAND MASTER ASSOCIATION, INC. 15481 S.W. 12TH ST., STE. 309 SUNRISE, FL 33326

SUBJECT: THE FALLS AT PARKLAND MASTER ASSOCIATION, INC.

REF: N18000010708

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover skeet.

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 80 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H24000189273 Regulatory Specialist II Supervisor Letter Number: 224A00012018

P.O BOX 6327 - Tailahassee, Florida 32314

H24000189273 3

Articles of Amendment to Articles of Incorporation of

| THE PAULS AT PA | ARKLAND MASTER A | SSOCIATION, INC. | |
|--|--|--|---------------|
| (Name of Corporation as currently filed with t | he Florida Dept, of Stat | <u>e</u>) | |
| | 18000010708 | | |
| (Доси | iment Number of Corpora | ation (if known) | |
| Pursuant to the provisions of section 617.1006, Fl amendment(s) to its Articles of Incorporation: | | • | the followin |
| A. If amending name, enter the new name of the | ne corporation: | | |
| name must be distinguishable and contain the wor "Company" or "Co," may not be used in the nam | rd "corporation" or "inc | orporated" or the abbreviation "Corp. | The new |
| B. Enter new principal office address, if applic | shle: | | |
| Principal office address MUST BE A STREET | ADDRESS) | | |
| ļ | | | |
| | | · | 2021 |
| Enter new mailing address, if applicable: | | | 2024 JUN |
| (Mailing address MAY BE A POST OFFICE | <u>BOX</u>) | | |
| | | | F |
| | , | | —' :: |
| lf amending the registered agent and/or reginew registered agent and/or the new register | stered office address in ed office address: | Florida, enter the name of the | ·j. · . |
| Name of New Registered Agent: | Steven A. Weinberg, E. | sq. | |
| | 7805 SW 6th Court | c/o Frank Weinberg & Black, P.L. | |
| New Registered Office Address: | | (Florida street address) | • |
| | Plantation | 33324 | |
| į | (City) | , Plorida 33324 (Zip Code) | |
| ew Registered Agent's Signature, if changing F | legistered Agent | | |
| hereby accept the appointment as registered agen | t. I am familiar with and | d accept the obligations of the position | |
| | Steven A. | Weinberg | |
| | Signature of Nev | v Registered Agent, if changing | |

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| -100 | าวบบ | | - |
| 24000 | 1102 | 12/3 | _ |

| If amending the Officers and/o | or Directors, enter the title and name of each officer/director being removed and title, name, |
|---------------------------------|--|
| and address of cath Officel, 80 | d/or Director being added: |
| Z4.4 1 31 | · · · · · · · · · · · · · · · · · · · |

(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 | <u>PT.</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
|--|-------------------------------------|--|--|----------|
| Type of Action (Check One) | <u>Title</u> | Name | Address | |
| 1) Change Add | <u>P</u> | Ronald Yuter | 15481 SW 12th Street Suite 309 | <u> </u> |
| x Remove | | | Sunrise, FL 33326 | 202 |
| 2) Change Add | VP | Alexander Little | 15481 SW 12th Street Suite 309 | 2024 JUN |
| X Remove 3) Change Add | S | Joey Milan | Sunrise, FL 33326 15481 SW 12th Street Suits 200 | 14 pagi |
| x Remove | | | Suite 309 Sunrise, FL 33326 | = |
| 4) Change Add | Ţ | Ernesto Mitsumasu | 15481 SW 12th Street Suite 309 | an |
| X_ Remove | | | Sunrise, FL 33326 | |
| 5) Change Add | <u> P</u> . | Craig Tanner | 7956 Juniper Drive Parkland, FL 33067 | <u> </u> |
| Remove | | | | |
| 6) Change Add | VP | Anthony Musarra | 7405 Seacoast Drive Parkland, FL 33067 | _ |
| Remove | | | | |
| E. If amending or a (attach additional | adding additi Sheets, if nec | onal Articles, enter change(s) here: essary). (Be specific) | | _ |
| ADD: | | | | |
| T/S Scott S | Saunders | 7556 Seacoast Drive Parkland, FL 33067 | | _ |
| Director Jack H | leda | 7823 Deer Lake Court Parkland, FL 33067 | | _ |
| Director Elizab | eth Holzman | 7523 S Blue Spring Drive Parkland, FL 33067 | | _ |
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| The date of each amendment(s) | doption: | if ash sh sh |
| date this document was signed. | | _, if other than the |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bit locument's effective date on the D | cock does not meet the applicable statutory filing requirements, this date will not epartment of State's records. | be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were a was/were sufficient for approx | dopted by the members and the number of votes cast for the amendment(s) al. H24000189273 3 | |
| | • | |

2024 JUN 14 AM 11: 08