N19000005745

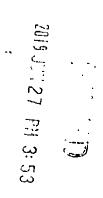
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R. WHITE JUL 09 2019



Watercolor Place Master Association, Inc. 1651 Whitfield Ave Ste 200 Sarasota, FL 34243

June 11, 2019

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

VIA: U.S. Certified Mail (7015 3430 0001 0420 2842) with Return Receipt Requested

Re: Incorporation of the Watercolor Place Master Association, Inc. (the "Association")

Secretary Lee:

This cover letter shall serve as a formal submission from Upper Manatee 288, LLC (the "Developer") to the Department of State to amend the name of the Watercolor Place Master Association, Inc. in accordance with Florida law and the Articles of Incorporation enclosed herein.

Pursuant to the Division of Corporation's Instructions For Not For Profit Articles Of Incorporation, please find enclosed with this cover letter, one (1) original and one (1) copy of the Articles of Amendment Articles of Incorporation of Watercolor Place Master Association, Inc., and a check for Thirty Five and No/100 Dollars (\$35.00) for the filing fee.

If you have any questions and/or comments, please contact me immediately.

Sincerely,

Geoffrey Jonsson, General Counsel

Upper Manatee 288, LLC 1651 Whitfield Ave, Ste 200 Sarasota, Florida 34243

Office: (941) 359-9000, Ext 1129

Cell: (702) 528-1568

Email: geoffrev.jonsson@medallionhome.com

Watercolor Place Master Association, Inc. 1651 Whitfield Ave Ste 200 Sarasota, FL 34243

cc:

Land Experts, Inc.

Attn: Carlos M. Beruff, Manager

encl:

One (1) original version of the Articles of Amendment Articles of Incorporation

One (1) copy of the Articles of Amendment Articles of Incorporation

Check for Thirty Five and No/100 Dollars (\$35.00)

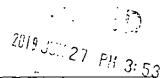
COVER LETTER

TO: Amendment Section Division of Corporations

WATE NAME OF CORPORATION:	RCOLOR MASTER ASS	OCIATION, INC.	
N19000005	745		
DOCUMENT NUMBER;			
The enclosed Articles of Amendment ar	d fee are submitted for fili	ng.	
Please return all correspondence concerr	ning this matter to the follo	wing:	
Geoffrey Jonsson			
	(Name of Co	intact Person)	
Upper Manatee 288, LLC			
	(Firm/ C	Company)	
1651 WHITFIELD AVE, STE 200			
	(Add	lress)	
SARASOTA, FŁ 34243			
	(City/ State a	and Zip Code)	
GeoffreyJ@MedallionHome.com			
E-mail addre	ss: (to be used for future an	nual report notification	n)
For further information concerning this r	natter, please call:		
Geoffrey Jonsson		702 at	5281568
(Name of C	ontact Person)		(Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the I	Torida Department of	State:
	Filing Fee & S43.75 Fil ate of Status Certified (Additional enclosed)	Popy Certi al copy is Certi (Add	i0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

Articles of Amendment to Articles of Incorporation of



WATERCOLOR MASTER ASSOCIATION, INC.		27 PH 3:5.
(Name of Corporation as cu	arrently filed with the Flor	ida Dept. of State)
N19000005745		
(Document)	Number of Corporation (if kr	iown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	itatutes, this Florida Not For	r Profit Corporation adopts the followin
A. If amending name, enter the new name of the corp	oration:	
WATERCOLOR PLACE MASTER ASSOCIATION, I	NC.	The nev
name must be distinguishable and contain the word "con	poration" or "incorporated	
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)	
		•
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If we will be a transfer out of the second of the secon	1 000 11 1 221 13	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
Name of New Negastered Agent.		
		orida street address)
New Registered Office Address:		
N/A		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered agent. I t		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 Do V Mike Jo SV Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A	
·	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
	or.

	e date of each amendment(s) adoption: te this document was signed.	, if other than the
Effe	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	will not be listed as the
Ado	loption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	t(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	٤
	Dated JUNE 11, 2019	
	Signature	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)	
	CHRIS CHAVEZ	
	(Typed or printed name of person signing)	_
	VICE PRESIDENT, SECRETARY, DIRECTOR	
	(Title of person signing)	_