4/1/2020

Division of Corporations

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FINS UP CONDOMINIUM ASSOCIATION, INC.

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Help

From:

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|---|---|--|--------------|---|---------------|
| TO: Amendment Section Division of Corporation | ons   |  | **           |   |               |
| NAME OF CORPORATI                             |   | MINIUM ASSOCIAT  | 10N, INC.    |   |               |
| DOCUMENT NUMBER:                              | N19000011519                                | <u>.</u>   |              |   |               |
| The enclosed Articles of Ar                   | mendment and fee are sub                    | omitted for filing.  |              |   |               |
| Please return all correspond                  | lence concerning this mat                   | ter to the following:  |              |   |               |
| Sean <. Kelly, Esq.                           |   |  |              |   |               |
|   |   | (Name of Contact P   | erson)       |   | <del></del>   |
| Najmy Thompson, P.L.                          |   |  |              |   |               |
|   |   | (Firm/ Compan  | y)           | ·   |               |
| 1401 8th Ave. W.                              |   |  |              |   |               |
|   |   | (Address)  |              |   |               |
| Bradenton, FL 34205                           |   |  |              |   |               |
|   | -,  | (City/ State and Zip   | Code)        |   | <del></del>   |
| skelly@najmythompson.co                       | om  |  |              |   |               |
|   | E-mail address: (to be use                  | d for future annual re   | port notific | ation)  |               |
| For further information con                   | cerning this matter, please                 | e call:  |              |   |               |
| Scan M. Kelly, Esq.                           |   | at   | 941          | 748-2216  |               |
|   | (Name of Contact Person                     |  | (Area Coo    | de) (Daytime Tele   | phone Number) |
| Enclosed is a check for the                   | following amount made p                     | ayable to the Florida  | Departmen    | t of State:   |               |
| ■ \$35 Filing Fee                             | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy i<br>enclosed) | S Co<br>(A   | i2.50 Filing Fee<br>ertificate of Status<br>ertified Copy<br>additional Copy is<br>nclosed) |               |

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## Articles of Amendment to Articles of Incorporation of

| FINS UP CONDOMINIUM ASSOCIATION, IN  | IC.         |                                  |  |
|--|-------------|----------------------------------|--|
| Name of Corporation as currently filed with th   | e Florida   | Dept. of State)                  |  |
| N19000011519   |             |                                  |  |
| (Document)   | ment Num    | ber of Corporation (if k         | nown)                                      |
| Pursuant to the provisions of section 617,1006, Fk<br>imendment(s) to its Articles of Incorporation: | orida Statu | ites, this <i>Florida Not Fo</i> | er Profit Corporation adopts the following |
| A. If amending name, enter the new name of th  | e corpora   | <u>ition:</u>                    |  |
| N/A  |             |                                  | The new                                    |
| ame must be distinguishable and contain the word<br>Company" or "Co." may not be used in the nam     |             | ation" or "incorporated          |  |
| B. Enter new principal office address, if applicable:  |             | N/A                              |  |
| Principal office address <u>MUST BE A STREET A</u>   | ADDRESS     | <u>(</u> )                       | 22 7<br>22 1                               |
|  |             |                                  |  |
|  |             |                                  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)              |             | N/A                              | 10 S                                       |
|  |             | 17/6                             |  |
|  |             |                                  |  |
|  |             |                                  |  |
|  |             |                                  |  |
| <ol> <li>If amending the registered agent and/or registered agent and/or the new register</li> </ol> |             |                                  | enter the name of the                      |
|  | N/A         | <u>auuress.</u>                  |  |
| Name of New Registered Agent:  |             |                                  | · · · · · · · · · · · · · · · · · · ·      |
|  |             |                                  |  |
| New Registered Office Address:   |             | (Fl                              | orida street address)                      |
| N/A  |             |                                  | n / N/A                                    |
|  |             | (City)                           | , Florida (Zip Code)                       |
|  |             |                                  | ( · · · · · · · · · · · · · · · · · · ·    |
| ew Registered Agent's Signature, if changing l<br>hereby accept the appointment as registered agen   |             |                                  | the obligations of the position            |
|  | )           | un wiiii uni uccepi              | and congunous of me position.              |
|  |             |                                  |  |
| -  | S           | Signature of New Registe         | red Agent, if changing                     |

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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<br>V Mike Jo<br>SV Sally Si | ones          |  |
|----------------------------------|--|---------------|--|
| Type of Action<br>(Check One)    | Title                                  | Name          | <u>Addres</u> s                          |
| Change Add                       | <u>D</u>                               | Aimee Ableman | 35 Hunt St. Norwalk, CT 06853            |
| Remove                           |  |               |  |
| 2) Change Add                    | <u>D</u>                               | Mar Ableman   | 35 Hunt St. Norwalk, CT 06853            |
| Remove 3) Change X Add Remove    | <u>D</u>                               | Shawn Kaleta  | 1401 8th Ave. W.<br>Bradenton, FL 34205  |
| 4) Change Add                    | D                                      | Joseph Joseph | 12379 Mission Hills Dr. Dewitt, MI 48820 |
| Remove                           |  |               |  |
| 5) Change Add                    | <del></del>                            |               |  |
| Remove                           |  |               |  |
| 6) Change<br>Add                 |  |               |  |
| Remove                           |  |               |  |
| (attach additional shee          | ts, if necessary).                     |               |  |
| N/A                              |  |               |  |
|                                  |  |               |  |
|                                  |  |               |  |
|                                  |  |               |  |
|                                  |  |               |  |

From: 04/02/2020 09:06 #600 P.006

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| The date of each amendment(s) adoption: N/A ate this document was signed. | , if other than the   |
| N/A   |   |
| illective date il applicable:   | 90 days after amendment file date)  |
| ·   | applicable statutory filing requirements, this date will not be listed as the |
| adoption of Amendment(s) (CHECK ON  | Œ)  |
| ☐ The amendment(s) was/were adopted by the member                         |   |

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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.

Signature

By the chairman or vice chairman of the hoard, 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)

Shawn Kaleta

(Typed or printed name of person signing)

Director

(Title of person signing)