Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN SIENA COVE HOMEOWNERS ASSOCIATION INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$43.75 |

From: David Thomas

DocuSign Envelope ID: D383B164-8114-4197-B3B3-42DF5C5D9DA8

Articles of Amendment to Articles of Incorporation of

| SIENA COVE HOMEOWNERS ASSOCIATION. | | | | | | |
|---|--------------|----------------------|-------------------------|--|--|-------------------|
| (Name of Corporation as currently filed with the N21000013337 | Florida D | ept, of State |) | | | |
| | . 3.1 - 1. | | | | | |
| (Docume | ent Numbe | r of Corpora | ion (if known) | | | |
| Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation: | ida Statutes | , this <i>Florid</i> | a Not For Profi | Corporation ad | opts the fo | gniwollo |
| A. If amending name, enter the new name of the | corporatio | <u>in:</u> | | | | |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name, | "corporati | on" or "inco | orporated" or th | e abbreviation "(| | The new "Inc." |
| B. Enter new principal office address, if applicate (Principal office address) MUST BE A STREET AL | | | | | | |
| | - | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>80X</u>) | | | | <u>-</u> | ::- |
| | _ | | | | <u>: :::::::::::::::::::::::::::::::::::</u> | 2023 |
| | | | | | | 20 |
| D. If amending the registered agent and/or regist new registered agent and/or the new registere | | | <u>Florida, enter i</u> | the name of the | PAY O | 26 P |
| Name of New Registered Agent: | | | | ······································ | - (/) | <u> </u> |
| | | | | | -,: • | |
| New Registered Office Address: | | | (Florida str | retoddress) | | |
| | | | | Florida_ | | |
| | - | (City) | | (Zip Co | rde) | |
| New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent. | | | d accept the ohl | igations of the po | sition. | |
| _ | Sia | nature at Ne | w Registered Ag | ent, if changing | | |

From: David Thomas

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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/lirector 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 De V Mike John St SV Sally St | ones | |
|--|---|---|---|
| Type of Action (Check One) | Title | Name | Address |
| i) Change Add | DV | Geoffrey Reid | 280 E. Pilot Road, Suite 200 Las Vegas, NV 89119 |
| X Remove | | | |
| 2) Change Add | DVT | Brad Edwards | 280 E. Pilot Road, Suite 200 Las Vegas, NV 89119 |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5 Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | icles, enter change(s) here: (Be specific) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

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adopted by the board of directors.

| Dated | |
|----------|---|
| Signatui | Cocusigned by: Aratt Halliday |
| - | (By the chairman of view 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) Matthew Halliday |
| | |

(Title of person signing)