N21000013979

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COVER LETTER

TO: Amendment Section Division of Corporations

GRANDE HAM NAME OF CORPORATION:	IMOCK ASSOCIATION	, INC.	
N21000013879			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Kriston Nottingham			
<u></u>	(Name of Contact Pe	erson)	
Access Management			
	(Firm/ Company	/)	· · · · · · · · · · · · · · · · · · ·
215 Celebration Place Suite 115			
	(Address)	-	
Celebration, FL 34747			
	(City/ State and Zip	Code)	<u></u>
knottingham@accessdifference.com			
E-mail address: (to be	used for future annual rep	ort notificatio	n)
For further information concerning this matter, pl	ease call:		
Kriston Nottingham	at	407	480-4200
(Name of Contact Pe	rson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida l	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Star	-	Certif s Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section		reet Address nendment Sect	ion

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

FILED 2022 OCT 26 :::11: 59

GRANDE HAMMOCK ASSOCIATION, INC.

SECRETARY OF STATE

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	TALLAPASOS:
N21000013879		
(Document h	Number of Corporation (if known	own)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corr	poration:	
		The new
name must be distinguishable and contain the word "con"Company" or "Co." may not be used in the name.	rporation" or "incorporated"	or the abbreviation "Corp," or "Inc, "
B. Enter new principal office address, if applicable:	215 Celebration Place	Suite 115
(Principal office address MUST BE A STREET ADDR	(ESS) Celebration, FL 34747	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	215 Celebration Place	Suite 115
<u> </u>	Celebration, FL 34747	
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent: Acco	ess Management	
215	Celebration Place Suite 115	
	(Flo	rda street address)
New Registered Office Address:		
Cele	bration	, Florida <u>34747</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept to Signature of New Register	

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add		_		
Remove				
2) Change Add		-		
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		- -		
Remove				
6) Change Add		-		
Remove				
F. If amending or addi (attach additional she	ng addition	onal Art essary)	icles, enter change(s) here: (Be specific)	
				.

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			<u> </u>
			
	10/6/2022		
The date of each amendment(s) addate this document was signed.	loption:		, if other than the
Effective date if applicable:			
	(no more than 90 days after am	endment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statute partment of State's records.	ory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were as was/were sufficient for approva	dopted by the members and the numbers.	er of votes east for the amendmen	ı(s)

	10/5/2022
Dated _	
Signature _	Inja Poliette
	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)
	Board DST
	(Typed or printed name of person signing)
	SONJA PEDRETTI

(Title of person signing)

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

2022 OCT 26 PM 12: 00