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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : KATZ & DOORAKIAN LAW FIRM, P.L.

Account Number : I20100000035 Phone : (561)721-6719

Fax Number : (561)721-6733

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN TORTUGAS SANDS HOMEOWNERS ASSOCIATION, INC.

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## COVER LETTER

| TO: Amendment Section<br>Division of Corporatio | ns  |  |  |   |                 |
|---|---|--|--|---|-----------------|
| NAME OF CORPORATION                             |   | neowners Association   | n, Inc.  |   |                 |
| DOCUMENT NUMBER:                                | N22000008313                                |  |  | <del></del>   | <del>~~~~</del> |
| The enclosed Articles of An                     | nendment and fee are sub                    | mitted for filing.   |  |   |                 |
| Please return all correspond                    | ence concerning this matt                   | er to the following:   |  |   |                 |
| Daniel Doorakian                                |   |  |  |   |                 |
|   |   | (Name of Contact F   | 'erson)  |   |                 |
| Katz and Doorakian Law Fi                       | irm P.L.                                    |  |  |   | 2023 JUL 11     |
|   |   | (Firm/ Compan  | y)   | <del> </del>  |                 |
| 625 N. Flagler Drive, Suite                     | 605   |  |  | ·   | <br>-,          |
|   |   | (Address)  |  | ·   |                 |
| West Palm Beach, FL 3340                        | ι .   |  |  |   | n<br>O          |
|   |   | (City/ State and Zip   | Code)  |   | <del></del>     |
| salcedojulio@aol.com                            |   |  |  |   |                 |
| F   | e-mail address: (to be use                  | d for future annual re   | port notificatio   | n)  |                 |
| For further information con-                    | cerning this matter, please                 | e call:  |  |   |                 |
| Daniel Doorakian                                |   | а  | 561<br>t   | 721 6770  |                 |
| ,   | (Name of Contact Person                     |  |  | (Daytime Telephor   | ne Number)      |
| Enclosed is a check for the                     | following amount made p                     | ayable to the Florida  | Department of  | State:  |                 |
| ■ \$35 Filing Fee                               | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | Certification is Certification (Additional C | O Filing Fee ficate of Status fied Copy itional Copy is osed) |                 |
| Mailing Amendm                                  | Address                                     |  | treet Address<br>mendment Sect   | tion  |                 |

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

| Tortugas Sands Homeowners Association, Inc.  (Name of Corporation as currently filed with the Florid             | a Dent. of State)                    | · · · · · · · · · · · · · · · · · · ·  |  |
|--|--------------------------------------|--|--|
| N22000008313   | <u> </u>                             |  |  |
| (Document Nur  | nber of Corporation (if I            | mown)  |  |
| Pursuant to the provisions of section 617.1006, Florida Stat<br>amendment(s) to its Articles of Incorporation:   | utes, this <i>Florida Not F</i>      | or Profit Corporation adopts the follo   | gniwo  |
| A. If amending name, enter the new name of the corpor  | ration:                              |  |  |
|  |                                      |  | new  |
| name must be distinguishable and contain the word "corpo<br>"Company" or "Co." may not be used in the name.      | ration" or "incorporate              | d" or the abbreviation "Corp." or "I   | nc."   |
|  |                                      | , 5  | 3.   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES          | ····                                 |  | <u>کن</u>                                      |
| (Principal office address <u>most be A street Addres</u>   |                                      |  |  |
|  |                                      | ,  | <br>   |
|  |                                      | · · · · · · · · · · · · · · · · · · ·  | 9693 JUL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| C. Enter new mailing address, if applicable:   |                                      |  | : :  |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                      |  |  |
|  |                                      |  | ထ  |
|  |                                      |  |  |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office   |                                      | , enter the name of the  |  |
| Name of New Registered Agent:  |                                      |  | —  |
|  |                                      | lorida street address)   |  |
| New Registered Office Address:   |                                      |  |  |
|  |                                      | , Florida  |  |
|  | (City)                               | (Zip Code)   |  |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am | ed Agent:<br>familiar with and accep | t the obligations of the position.   |  |
|  | 0                                    | and the second state of th |  |
|  | Signature of New Kegis               | tered 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>Y Mike Jo<br>SY Sally S    | <u>ones</u>                                   |   |
|--|--|---|---|
| Type of Action<br>(Check One)                      | <u>Title</u>                             | Name  | Address 2023                                      |
| 1) Change Add                                      | <u>D</u>                                 | James Brown                                   | 101 NE 19 Avenue (120) Deerfield Beach, FL 33441  |
| × Remove   |  |   |   |
| 2) Change Add                                      | D  | Carol Marouthis                               | 101 NE 19 Avenue (120)  Deerfield Beach, FL 33441 |
| Remove 3) Remove Add Remove                        | <del></del>                              |   |   |
| 4) Change Add                                      | <u>.</u>                                 |   |   |
| Remove   |  |   |   |
| 5) Change Add                                      |  |   |   |
| Remove   |  |   |   |
| 6) Change<br>Add                                   |  |   |   |
| Remove   |  |   |   |
| E. If amending or addin<br>(attach additional shee | ng additional Art<br>ets, if necessary). | icles, enter change(s) here:<br>(Be specific) |   |
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| 'ha data al each amendment(s) ad  | tantian:   |  | , if other:      | than th          |
| ate this document was signed.   |  |  | <u></u> ,        |                  |
| ffective date if applicable:  |  | amendment file date)                       |                  |                  |
|   | (no more than 90 days after t  | amendment file date)                       |                  |                  |
| Note: If the date inserted in this blo ocument's effective date on the De | ck does not meet the applicable star<br>partment of State's records. | tutory filing requirements, this date will | not be listed as | the              |
| doption of Amendment(s)   | (CHECK ONE)  |  |                  |                  |
| Adoption of Amendment(s)  | (CHECK ONE) dopted by the members and the num                        | nber of votes cast for the amendment(s)    |                  |                  |

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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.

| Bocusigned by:          |  |
|-------------------------|--|
| e communication         |  |
| have not been selec     | vice chairman of the board, president or other officer-if directors<br>sted, by an incorporator — if in the hands of a receiver, trustee, or<br>ted fiduciary by that fiduciary) |
|                         |  |
| Julio Salcedo           |  |
| Julio Salcedo           | (Typed or printed name of person signing)  |
| Julio Salcedo President | (Typed or printed name of person signing)  |

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