N23000002112

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900406456669

amend



A. RAMSEY APR 2 6 2023



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/25/2023

NAME: VISTA BREEZE HACMB, INC.

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON: VISTA BREEZE HA	ACMB, INC.		
DOCUMENT NUMBER:	N23000002112			
The enclosed Articles of Am	nendment and fee are subr	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Jennifer Vinciguerra			_	
		(Name of Contact P	erson)	- W
Fox Rothschild LLP				
		(Firm/ Compan	y)	
2800 Kelly Rd., Ste. 200				
		(Address)		
Warrington, PA 18976				
		(City/ State and Zip	Code)	
E	-mail address: (to be used	for future annual re	port notification	n) -
For further information conc	erning this matter, please	call:		
Jennifer Vinciguerra		at	215	918-3588
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pa	yable to the Florida	Department of	State:
■ \$35 Filling Fee	☐\$43.75 Filing Fee & { Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	D Filing Fee cate of Status led Copy cional Copy is sed)
Mailing A			reet Address	
Amendmei Division o	nt Section Cornorations		nendment Secti	

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

2023 APR 25 AM 11: 32

THE PARTARY OF STATE VISTA BREEZE HACMB, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N23000002112 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: _, Florida _ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept 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	<u>PT</u> <u>V</u> <u>\$V</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) X Change Add	<u>P</u>	-	DAVID GREEFF	200 ALTON ROAD MIAMI BEACH, FL 33139
Remove				
2) Change Add	T		MOJDEH L. KHAGHAN	200 ALTON ROAD MIAMI BEACH, FL 33139
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		-		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee	g additions. if nece	onal Artie essary).	sles, enter change(s) here: (Be specific)	
	 .			
		············		

		
		
		
		
		
		
		
		
-		
The date of each amendment(s) adoption date this document was signed.	n: February 16, 2023	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	t by the members and the number of votes cast for the amendment(s)	

Dated	April 18, 2023
Signatu	re Don't C. ('EA)
J	(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)
	DAVID GREEFF
	(Typed or printed name of person signing)
	PRESIDENT