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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Socra + OAS	5 Dock Association LLC
DOCUMENT NUMBER: N 23 00 0 0	12538
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	ng:
Gordon T. (Name of Conta	WALTON
(Name of Conta	act Person)
(Firm/ Com	npany)
1142 Secret	OAKS PLACE
(Addres	ss)
ST lohas	7L 32259
(City/ State and	Zip Code)
α α α α α α α	D Linearutay com
E-mail address: (to be used for future annu	D Libertytax.com
For further information concerning this matter, please call:	
Gordon T. Walton	at 904 - 339-162.5 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	rida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Certified Cop (Additional coenclosed)	opy is Certificate of Status Opy is Certified Copy (Additional Copy is Enclosed)
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

Articles of Amendment Articles of Incorporation DATE ORIGINAL
FILEL: 10/17/23
DATE EFFECTIVE
11/1/23

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Seenet On Seenet On Name of Corporation as currently filed with the Flo	TKS Dock D	ASSOCIATUR	
<i>N230</i>	OOOO/253 Number of Corporation (if	<u> 38</u>	
(Document)	Number of Corporation (if	f known)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i> .	For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the cor	poration:		
Socrat	OAKS Dock	- Association 7	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorpora	ted" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)		
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
D. If amending the registered agent and/or registere		da, enter the name of the	
new registered agent and/or the new registered o	ffice address:		
Name of New Registered Agent:			
-		(Florida street address)	
New Registered Office Address:			
		, Florida _	
	(City)	(Zip Co	de)
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered agent. I	am familiar with and acce	ept the obligations of the po	sition.
	- CV - 7		
	Signature of New Reg	ristered 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	PT John Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addi	ing additional Ar	ticles, enter change(s) here: (Be specific)	
			55 - 23 - 23 - 23 - 23 - 23 - 23 - 23 -
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			<u>ω</u> . <u>ω</u>
			19 to 12
			₩ 12: 24
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			: 6 - al	.hh.
The date of each amendment(s) adopted date this document was signed.		—, ا		than the
	4/2/2022		<u> </u>	
Effective date if applicable:	(no more than 90 days after amendment file date)		2023 DC	
Note: If the date inserted in this block d document's effective date on the Departs	oes not meet the applicable statutory filing requirements, this date will r	ot be	— i	s the
Adoption of Amendment(s)			AH IZ	:
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the amendment(s)[-	<u>-</u>	12: 24	-

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
	Dated		
	(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)		
	(Typed or printed name of person signing)		
	President		

(Title of person signing)