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Florida Department of State
Division of Corporations
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BAY STREET TOW	NHOMES OF SARAS	SOTA COMM	UNITY ASSOCI	ATION, I	NC.
N2400000698 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are subm	itted for filing.				
Please return all correspondence concerning this matter	to the following:				
	LESLIE SHEEKLE	Y'			
(Name of Contact Pers	son)			· · · · · ·
HAND	ARENDALL HARRI	SON SALE			20
	(Firm/ Company)			差:	7
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	(Address)			35.7	729
	DESTIN, FL 32541				=
(City/ State and Zip Co	ode)		72	95
1	sheekley@handfirm.c	oni		`	
E-mail address: (to be used	for future annual repo	rt notification)			
For further information concerning this matter, please of	rall:				
LESLIE SHEEKLEY	at	(850)	650-0010		
(Name of Contact Person)		Area Code)	(Daytime Telepho	one Numb	er)
linclosed is a check for the following amount made pay	yable to the Florida De	epartment of S	tate:		
■ \$35 Filing Fee □\$43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	onal Copy is		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address ndment Sectionsion of Corpor Centre of Ta	ations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BAY STREET TOWNHOMES OF SARASOTA COMMUNITY ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flor	ida Dept. of State)		
	3000000		
(Document N	umber of Corporation	(if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation;	atutes, this Florida Ne	ot For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the corp	oration:		
THE GARDENS AT BAY S	TREET TOWNHOM	S ASSOCIATION, INC.	The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorpo	rated" or the abbreviation ")	~~~~
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		
			0241
C. Enter new mailing address, if applicable:			FEB
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
			2024 FEB 26 AM I
			min =
D. If amending the registered agent and/or registered	attica address in Fla	rids, anter the nume of the	四京 5
new registered agent and/or the new registered off		inda, enter the name of the	, μ. σ
Name of New Registered Agent: N/A			
		· ·	
		(Florida street address)	
New Registered Office Address:			
		, Florida, Zip Co	
	(Cuy)	(Zip Ce	ode)
New Registered Agent's Signature, if changing Registo Uncreby accept the appointment as registered agent. Lan		cept the obligations of the po	osition.
	Signature of New Re	gistered 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>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove		<u>N/A</u>	N/A 2021
2) Change Add			B 26
Remove 3 Change Add Remove			SSC F
4) Change Add			111
Remove 5/ Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: (Sury). (Be specific)	
N/A			

was/were sufficient for approval.

Dated	02/01/2024
Signatu	Christine Sifonte
	(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)
	CHRISTINE SIFONTE
	(Typed or printed name of person signing)

(Title of person signing)

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