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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	E CONDOS OF E	ENGLEV	VOOD II.	INC.	
DOCUMENT NUMBER:	N24000005932					
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.				
Please return all correspond	lence concerning this matt	er to the following	; ;			
Jamie Mickle						
-		(Name of Contac	t Person)		
		(Firm/ Comp	any)			
1955 Wisconsin Ave						
		(Address)			
Englewood, FL 34224						
		(City/ State and Z	ip Code)		
jamie_mickle@yahoo.com						
	E-mail address: (to be use	d for future annual	report n	otification	1)	
For further information con	cerning this matter, please	e cail:				
Jamie Mickle			561		386-7939	
	(Name of Contact Person	1)		ea Code)	(Daytime Tele	phone Number)
Enclosed is a check for the	following amount made p	ayable to the Flori	da Depa	rtment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	O Filing Fee cate of Status led Copy tional Copy is seed)	
Mailing	Address			Address	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

	of	in sump
FLORIDA GARAGE CONDOS OF ENGLEWOOD II, II	NC.	FILED
Name of Corporation as currently filed with the Florid	a Dept. of State)	2021.11
N24000005932		2024 KIY 31 AH 7:
(Document Nur	mber of Corporation (if known)	*
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not For Profit C</i>	orporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpo	oration" or "incorporated" or the a	hbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable:	2720 Placida Road	
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>) Englewood, FL 34224	
	•	
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1955 Wisconsin Ave	
(Manny and Case of Cas	Englewood, FL 34224	
		. <u> </u>
). If amending the registered agent and/or registered o		name of the
new registered agent and/or the new registered offic		
Name of New Registered Agent:	Mickle	
1955 V	Visconsin Ave	
	(Florida street i	address)
New Registered Office Address:		
Englev	vood	, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Register	ad Anont:	
hereby accept the appointment as registered agent. I am		tions of the position.
\sim	Signature of New Registered Agen	
<u> </u>	Signature of New Registered Agen	1, 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 Y Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	PD	Lake, Richard	
X Remove2) Change Add	VPD	Lake, Shannon	
X Remove 3) Change Add X Remove	<u>SD</u>	Letso, Bobbi Sue	
4) Change Add	TD	Lake, Richard	
 X Remove 5) Change Add 	<u>PD</u>	Mickle, Jamie	
Remove 6) Change X Add	VPD	Haines, Rick	
Remove E. If amending or additional sheet Add SD Davis, Alan		icles, enter change(s) here: (Be specific)	

	
	
	
	
	<u>.</u>
	
	<u></u>
	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

dopted by the bo	ard of directors.
Dated	5/24/24
Dated	
Signature	(1/2.17)
- ,	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)
	Jamie Mickle
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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