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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	CE PARK UNIT OW	NERS ASSOC	ZIATION, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Kamala L. Martinez			
	(Name of Contact Pe	rson)	
ROSIN WAY OFFICE PARK UNIT OWNERS ASS	OCIATION, INC.		
-	(Firm/ Company)	
5731 Rosin Way			
	(Address)		
Sarasota, FL 34233			
	(City/ State and Zip (Code)	
accounting@bbbssun.org			
E-mail address: (to be used	I for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
Rasanga Fernando	at	941	488-4009
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made po	ayable to the Florida I	Department of	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		eet Address endment Secti	on
Division of Corporations		rision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

ROSIN WAY OFFICE PARK UNIT OWNERS ASSOCIATION, INC.

(Name of Corporation as currently filed with the	e Florida	Dept. of State)		
N24000006258				
(Docum	nent Numl	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floarmendment(s) to its Articles of Incorporation:	rida Statut	tes, this Florida Not For Pro	fit Corporation ad	opts the following
A. If amending name, enter the new name of the	е согрога	tion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	i "corpore	ation" or "incorporated" or i	the abbreviation "	
B. Enter new principal office address, if applica	hle:	5731 Rosin Way		
(Principal office address <u>MUST BE A STREET A</u>		Sarasota, FL 34233		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	5731Rosin Way		24 11
		Sarasota, FL 34233		
D. If amending the registered agent and/or reginew registered agent and/or the new register			r the name of the	5: 07
Name of New Registered Agent:	Kamala :	L. Martinez		, ,
,	5731 Ro	sin Way		
New Registered Office Address:		(Florida s	treet address)	
	Sarasota		. Florida	34233
		(City)	(Zip C	ode)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registeres nt. I am fa	d Agent: amiliar with and accept the o	bligations of the pe	osition.
_		Kamala)		<u> </u>
	S	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	PT John Do V Mike Jo SV Sally Sr	ones	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	CEO	Kamala L. Martinez	5731 Rosin Way Sarasota, FL 34233
Remove			
2) Change Add	CEO	Joy Mahler	5731 Rosin Way Sarasota, FL 34233
X Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	 -		

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•		
		
		
		
		
		
		
		
		
		
		
		
•		
	08/21/2024	
The date of each amendment(s) adoption:		_, if other than the
date this document was signed.		
Effective date if applicable:	o more than 90 days after amendment file date)	
(ne	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not tof State's records.	oe listed as the
Adoption of Amendment(s)	CHECK ONE)	
T	uthe members and the number of votes east for the amendment(s)	•
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

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 10/24/2024
Signature (By the chairman of 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) Michael Nachef
(Typed or printed name of person signing)
Board Chair
(Title of person signing)