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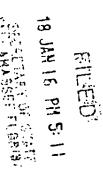
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TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: ENCINO AT G	RAND PALMS HOMEOWY	VERS' ASSO	OCIATION,INC.	
N38975 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
MARLIN QUINTERO				
	(Name of Contact Perso	on)		
MIAMI MANAGEMENT INC.				
	(Firm/ Company)			
1145 SAWGRASS CORPORATE PARKWAY				
	(Address)			
SUNRISE, FL 33323				
	(City/ State and Zip Coo	ie)		
MQUINTEROMORA@MIAMIMANAGEMEN	т.сом			
E-mail address: (to be	used for future annual report	notification	n)	
For further information concerning this matter, pl	ease call:			
MARLIN QUINTERO	95 at	54	845 - 6114	
(Name of Contact Pe		rea Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount made	de payable to the Florida Dep	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	ce & \$\sumsymbol{\subset}\$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address Amendment Section Amendment Section Amendment Section				

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation

ENCINO AT GRAND PALMS HOMEOWNERS' ASSOCIATION, INC.

		
(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)
N38975		
(Document No	umber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporate	
B. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRE	SS)	
, ,,		* (A) CO
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	N/A	97 × 70
	·	
 If amending the registered agent and/or registered 		a, enter the name of the
new registered agent and/or the new registered offi	ce address:	
Name of New Registered Agent: N/A		
		77
New Registered Office Address:	(Florida street address)
N/A		
		Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
hereby accept the appointment as registered agent. I am		ot the obligations of the position.
,,	··· y ··· · · · · · · · · · · · · · · · · ·	
	 Signature of New Regi 	istered 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>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	KOSAKOWSKI, PETER	1145 SAWGRASS CORP. PKWY
X Add			SUNRISE, FL 33323
Remove			
2) Change	D	FORAN, KAREN	1145 SAWGRASS CORP PKWY
Add			SUNRISE, FL 33323
Remove 3) X Change	<u>s</u>	GOBEL, FRANK	1145 SAWGRASS CORP PKWY
Add			SUNRISE, FL 33323
Remove			
4) X Change	VP/T	HILL, THOMAS	1145 SAWGRASS CORP PKWY
Add			SUNRISE, FL 33323
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
12/11/2017 Effective date if applicable:	
(no more than 90 days after amendment)	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes was/were sufficient for approval.	cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	amendment(s) was/were
12/11/2017 Dated	
Signature TMA DQ	
(By the chairman or vice chairman of the board, president or have not been selected, by an incorporator – if in the hands other court appointed fiduciary by that fiduciary)	
THOMAS HILL	
(Typed or printed name of perso	n signing)
VICE-PRESIDENT/TREASURER	
(Title of person signi	ng)