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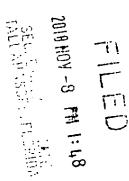
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PARKW	OOD IX HOMEOWN	ERS ASSOCIATI	ON, INC.	
DOCUMENT NUMBER:	CUMENT NUMBER:N93000002469			
The enclosed Articles of Amendment and i	ee are submitted for fil	ling.		
Please return all correspondence concerning	g this matter to the foll	owing:		
	YANILI	KA DIPP	•	
	(Name of C	Contact Person)		
	ASSOCIATIO	N SPECIALTY G	ROUP, LLC.	
	(Firm/	Company)		
	9050 PINES B	LVD. , SUITE 480)	
	(Ac	ldress)		
	PEMBROK	LE PINES, FL 330.	24	
	(City/ State	and Zip Code)	·····	
	YDIPP@AS	GFLORIDA.COM		
E-mail address:	(to be used for future a	nnual report notific	cation)	
For further information concerning this mat	ter, please call:			
YANILKA D	IPP	(954) at	458-5557 EXT. 246	
(Name of Cont	act Person)		ode) (Daytime Telephone Number)	
Enclosed is a check for the following amount	nt made payable to the	Florida Departmer	nt of State:	
■ \$35 Filing Fee □\$43.75 Fili Certificate		Copy C al copy is C) (52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Address		Street Addr		
Amendment Section Division of Corporations	Amendment Section Amendment Section Division of Corporations Division of Corporations			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

PARKWOOD IX HOMEOWNERS ASSOCIATION INC.

N	State of the state	David (Co. A.)	
(<u>Name of Corporation</u>	as currently filed with the Florid N93000002469	<u>a pept. 01 State)</u>	
(Docum	nent Number of Corporation (if known	wni	
tursuant to the provisions of section 617,1006, Flor mendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For F	Profit Corporation adopts the following	
. If amending name, enter the new name of the	corporation:		
		The new	
came must be distinguishable and contain the word Company" or "Co." may not be used in the name	<u>e</u> .	or the abbreviation "Corp." or "Inc."	
B. Enter new principa l'office address, if applica Principal office address <u>MUST BE A STREET A</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	ZOLA HOV -1	
. If amending the registered agent and/or regis	stered office address in Florida, en	ater the name of the	
new registered agent and/or the new register	ed of fice address:		
Name of New Registered Agent:	ROSENBAUM PLLC		
	250 SOUTH AUSTRALIAN AVENUE, 5TH FLOOR		
<u>New Registered Office Address:</u>		da strvet addressi	
	WEST PALM BEACH	, Florida	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		obligations of the position.	
_	Signature of New Register	relAvant 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) X Change	VP	LOPRESTI, ANGELO	C/O ASSOCIATION SPECIALTY
Add			9050 PINES BLVD., SUITE 480
Remove			PEMBROKE PINES, FL 33024
2) X Change	D	BOYD, MARJORIE H	C/O ASSOCIATION SPECIALTY
Add			9050 PINES BLVD., SUITE 480
Remove			PEMBROKE PINES, FL 33024
3) Change	P/S	LIEBERMAN, DANIEL	C/O ASSOCIATION SPECIALTY
X Add			9050 PINES BLVD., SUITE 480
Remove			PEMBROKE PINES, FL 33024
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) ad late this document was signed.	option;	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ek does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) l.	
adopted by the board of directed Dated 10/3 Signature By the chair have not bee		
	President Secretary (Title of person signing)	