N93000003862

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Boodinelle Hamber) |
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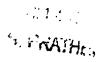


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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | LAS PALMAS AT S ON: | AND LAKE COND | OMINIUM AS | SSOCIATION, INC. |
|-------------------------------|---|---|--------------------|--|
| DOCUMENT NUMBER: | N93000003862 | | | |
| The enclosed Articles of An | nendment and fee are subm | nitted for filing. | | |
| Please return all correspond | ence concerning this matter | r to the following: | | |
| LAS PALMAS AT SAND | LAKE CONDOMINIUM A | ASSOCIATION, INC | 2. | |
| | | (Name of Contact Pe | rson) | |
| c/o World of Homes | | | | |
| | | (Firm/ Company |) | |
| 801 N Main St | | | | |
| | | (Address) | | |
| Kissimmee, FL 34744 | | | | |
| | (| City/ State and Zip C | lode) | |
| world@mywoh.com | | | | |
| | -mail address: (to be used | for future annual repo | ort notification |) |
| For further information conc | erning this matter, please c | all: | | |
| Jose Ramon Riestra | | at | 407-770-1748 | |
| | (Name of Contact Person) | | | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pay | able to the Florida D | epartment of S | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & [Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi |) Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address | | Stro | eet Address | |

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

to Articles of Incorporation of 1 ASSOCIATION, INC.

Articles of Amendment

| (Name of Corporation | i as curre | ntly filed with the Florida Dep | ot. of State) | | |
|---|--------------------------|--|--|--|--|
| N93000003862 | | | | | |
| (Docur | ment Num | ber of Corporation (if known) | | | |
| Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation: | rida Statu | tes, this Florida Not For Profit | Corporation adopts the following | | |
| A. If amending name, enter the new name of the | e corpora | tion: | | | |
| | | | The new | | |
| name must be distinguishable and contain the word <u>"Company" or "Co." may not be used in the</u> nam | | ation" or "incorporated" or the | abbreviation "Corp." or "Inc." | | |
| B. Enter new principal office address, if applica | _ | c/o World of Homes | | | |
| (Principul office address <u>MUST BE A STREET A</u> | | 801 N Main St | 2019 ************************************ | | |
| | | Kissimmee, FL 34744 | 2019 JAN - | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX</u>) | c/o World of Homes | 11 ASS P | | |
| | | 801 N Main St | | | |
| | | Kissimmee, FL 34744 | 103 1 | | |
| D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new register | stered off red office | ice address in Florida, enter th address: | ne name of the | | |
| Name of New Registered Agent: | Ferdinan | dsen Enterprises, Inc. | | | |
| | 801 N M | lain St | | | |
| New Registered Office Address: | | (Florida stree | et address) | | |
| | Kissimm | iee | , Florida | | |
| | | (City) | (Zip Code) | | |
| New Registered Agent's Signature, if changing I | | | | | |
| I hereby accept the appointment as registered agen | it. Lam fo | umiliar with and accept the oblig | gations of the position. | | |
| | // | hha | > | | |
| - | | Signature of New Registered Age | ent, if changing | | |

Page 1 of 4

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>Y</u> <u>M</u> | hn Doe ike Jones Ily Smith | |
|----------------------------------|-------------------|----------------------------------|--------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | PT | Gelpi, Ramonita | PO Box 593526 |
| Add | | | Orlando, FL 32859 |
| X Remove | | | |
| 2) Change | PT | Baig, Rehan | c/o World of Homes |
| XAdd | | | 801 N Main St |
| Remove | | | Kissimme, FL 34744 |
| 3) Change | VP | Montalvo, Walter | PO Box 593526 |
| Add | | | Orlando, FL 32859 |
| X Remove | | | |
| 4) Change | VP | Healy, Marcus | c/o World of Homes |
| X Add | | | 801 N Main St |
| Remove | | | Kissimme, FL 34744 |
| 5) Change | SEC | Bruno, Aida | PO Box 593526 |
| Add | | | Orlando, FL 32859 |
| X Remove | | | |
| 6) Change | SEC | Loaiza, Martha | c/o World of Homes |
| X Add | | | 801 N Main St |
| Remove | | | Kissimme, FL 34744 |

| (attach additional sheets, if necessary). (Be specific) | | | | |
|---|--|--|--|--|
| Remove Officer Pinzon, Melisa PO Box 593526, Orlando, FL 32859 | | | | |
| Add Director Castiblanco, Geronimo c/o Wold of Homes, 801 N Main St, Kissimmee, FL 34744 | | | | |
| Add Manager Ferdinandsen Enterprises, Inc. c/o World of Homes, 801 N Main St, Kissimmee, FL 34744 | | | | |
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E. If amending or adding additional Articles, enter change(s) here:

| | date of each amendment(s) ad this document was signed. | option: | , if other than the |
|-----|--|--|----------------------|
| Eff | 12/20 ective date <u>if applicable</u> : | 0/2018 | |
| | | (no more than 90 days after amendment file date) | |
| | e: If the date inserted in this blo iment's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this date will partment of State's records. | not be listed as the |
| Add | option of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/were ad was/were sufficient for approva | opted by the members and the number of votes cast for the amendment(s) l. | |
| | There are no members or membadopted by the board of director | sers entitled to vote on the amendment(s). The amendment(s) was/were rs. | |
| | Dated 17/ | 27/2018 2/2018 | |
| | (By the chain have not bee | man or view chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | Jose | Clava Rotu | |
| | | (Typed or printed name of person signing) | |
| | (| (Title of person signing) | |

2019 JAN -4 PH 1: 03

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