## N95000001303

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2022 AUG 15 PH 2: 46

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

MYSTIQUE HON MAME OF CORPORATION:	4E OWNERS ASSOC	IATION, INC	· .	
N95000001303 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	~			
•	atter to the following.			
Catherine Clinton				_
	(Name of Contact P	'erson)		
C/O Miami Management INC.				
	(Firm/ Compan	y)		-
1145 Sawgrass Corporate Parkway				
	(Address)			
Sunrise, Florida 33323				
	(City/ State and Zip	Code)		-
cclinton@miamimanagement.com				
E-mail address: (to be us	ed for future annual re	port notificati	on)	-
For further information concerning this matter, plea	se call:			
Catherine Clinton	al	954	8456110	
(Name of Contact Perso	on)	(Area Code)	) (Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida	Department of	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	reet Address mendment Se ivision of Cor he Centre of	ction porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

MYSTIQUE HOME OWNERS ASSOCIATION, INC.		2022 AUG 15 PM 2: 46
(Name of Corporation as currently filed with the Florida I	Dept. of State)	111 2:46
N95000001303		1411 60 26 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Document Numb	er of Corporation (if know	wn)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated"	
B. Enter new principal office address, if applicable:	1145 Sawgrass Corpora	te Parkway
(Principal office address MUST BE A STREET ADDRESS	Sunrise, Florida 33323	
		<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1145 Sawgrass Corpora	ite Parkway
	Sunrise, Florida 33323	
D. If amending the registered agent and/or registered offi		nter the name of the
new registered agent and/or the new registered office a	duress:	
Name of New Registered Agent:		
<u>New Registered Office Address:</u>	(Flori	da street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fu	miliar with and accept the	e obligations of the position.

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 Si	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) _×_ Change Add	<u>P</u>	Maureen Bryan	1145 Sawgrass Corporate Parkway Sunrise, Florida 33323
Remove			
2) _x Change Add	<u>S</u>	Paul Masters	1145 Sawgrass Corporate Parkway Sunrise, Florida 33323
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee		cles, enter change(s) here; (Be specific)	
N/A			
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The date of each amendment(s) adoption:date this document was signed.	, if ot	her than the
Effective date if applicable:		
(no mor	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not in document's effective date on the Department of St	neet the applicable statutory filing requirements, this date will not be liste state's records.	d as the
Adoption of Amendment(s) (CHE	CCK ONE)	
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)	

opted by the bo	ard of directors.
Dated	7/20/2022
Signature	Maureen Bryan
	(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)
	Maureen Bryan
	(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

2022 AUG 15 PM 2: 46