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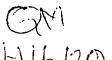
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $_$	OUTH BEACH T	OWNHOMES, A CO	ONDOMINIUM 	I INC
	00005195			
The enclosed Articles of Amendme				
Please return all correspondence co	ncerning this mat	ter to the following:		
JOHN B HERRING II				
		(Name of Contact P	'erson)	
SOUTH BEACH TOWNHOMES,	A CONDOMINI	UM INC		
		(Firm/ Compan	y)	
1954 IST STREET SOUTH				
		(Address)		
JACKSONVILLE BEACH, FL 32	250			
		(City/ State and Zip	Code)	
john710kent@comcast.net				
E-mail a	ddress: (to be use	d for future annual re	port notification	n)
For further information concerning	this matter, pleas	e call:		
JOHN B HERRING II		a	904	687-5118
(Name	of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following	ng amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43 Cer	.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address	<u>}</u>	<u>St</u>	reet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOUTH BEACH TOWNHOMES, A CONDOMINIUM INC

Name of Corporation as currently filed with the F	Florida De	pt. of State)			
#N95000005195					
(Docume)	nt Number	of Corporation	(if known)		
ursuant to the provisions of section 617.1006, Florid mendment(s) to its Articles of Incorporation:	da Statutes,	this <i>Florida N</i> o	ot For Profit Cor	poration adopts the	following
If amending name, enter the new name of the c	corporatio	<u>n:</u>			
					The new
ame must be distinguishable and contain the word " Company" or "Co." may not be used in the name.	"corporatio	n" or "incorpo	rated" or the abi	breviation "Corp." (or "Inc."
. Enter new principal office address, if applicabl	la.				
Principal office address MUST BE A STREET AD		_ .			
					-
. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)				
					_
	_				
	-				
 If amending the registered agent and/or registered new registered agent and/or the new registered 			rida, enter the n	name of the	
	a once age	<u> </u>			
Name of New Registered Agent.					
_		 	(Florida street ad	doses	
New Registered Office Address:			Trovata sireer ad	uressy	
				, Florida	202
-		(City)		(Zip Code)	7.
iew Registered Agent's Signature, if changing Re	egistered A	gent:			MAR 23
hereby accept the appointment as registered agent.			cept the obligati	ons of the position.	
					P
				*C 1	
	Sign	ature of New R	egistered Agent,	ij changing	8.1 :

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 S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	JOHN B HERRING II	1954 IST STREET SOUTH JACKSONVILLE BEACH, FL 323
Remove			
2) <u>×</u> Change Add	<u>T</u>	CAROL L BARRS	173 20TH AVENUE SOUTH JACKSONVILLE BEACH FL 322
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
Origional Sunbiz docume	ent does not have	correct name for John Herring or Lynn Barrs.	We are filing this document
to update names per requ	est. Name should	be John B Herring II & Carol L Barrs	

		
		
		
		
		
		<u>-</u>
		<u></u>
		
The date of each amendment(s) adoption date this document was signed.	on:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	oes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by 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 03/16/2020					
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)					
(Typed or printed name of person signing)					
(Title of person signing)					