N95000005438

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TO: Amendment Section

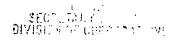
Division of Corporations	i		
NAME OF CORPORATIO	N:	RES RECREATION	N ASSOCIATION, INC
DOCUMENT NUMBER: _	N9500000	5438	
The enclosed Articles of Ame	indment and fee are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter	r to the following:	
GEORGE	PRIETO		
	1	(Name of Contact Persor)
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		(Firm/ Company)	
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For further information conce	rning this matter, please o	call:	
George Priet	.0	954 at (, 438-6570
(Name of Con	tact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the fo	Howing amount made pay	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 MAY 1 1 PM 12: 46

SAPPHIRE SHORES RECREATION ASSOCIATION, INC

(Name of Corporation as currently filed with the Florida Dept. of State) N95000005438 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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	V Mik	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	STEVE DAMMAN	C/O PINES PROPERTY MANAGEMENT
Add		1,000	6941 SW 196 AVE SUITE 27
X Remove			PEMBROKE PINES, FL 33332
2) X Change	Р	CARLOS DE LA CRUZ	C/O PINES PROPERTY MANAGEMENT
Add			6941 SW 196 AVE SUITE 27
Remove			PEMBROKE PINES, FL 33332
3) Change	S	DENNIS FEINTGEN	C/O PINES PROPERTY MANAGEMENT
Add		X. 51	6941 SW 196 AVE SUITE 27
X Remove			PEMBROKE PINES, FL 33332
4) Change	S	GINA ROMER	C/O PINES PROPERTY MANAGEMENT
X Add			6941 SW 196 AVE SUITE 27
Remove			PEMBROKE PINES, FL 33332
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		D 2.64	

ttach additional sheets, if necessary)	. (Be specific)			
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The date of each amendment(s) adoption: APRIL 8th, 2015 date this document was signed. **APRIL 8th, 2015** Effective date if applicable: 15 MAY 11 PM 12: 46 (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. ■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. April 9th, 2015 Dated 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) **GINA ROMER** (Typed or printed name of person signing) SECRETARY

(Title of person signing)