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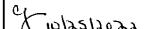
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COVER LETTER

TO: Amendment Section Division of Corporation	ns		.		
NAME OF CORPORATI	MYSTIC COVE OF	JUPITER HOMEOV	VNERS ASSO	CIATION, INC.	
DOCUMENT NUMBER:	N97000005043				<u>-</u>
The enclosed Articles of Ar	nendment and fee are sub	nitted for filing.			
Please return all correspond	lence concerning this matte	er to the following:			
RYAN COPPLE					
	 	(Name of Contact Pe	erson)	<u></u>	
COPPLE SACHS COPPLE	<u>:</u>				
		(Firm/ Company	y)		
4455 MILITARY TRAIL,	SUITE 200				
		(Address)			
JUPITER, FL 33458					
		(City/ State and Zip	Code)		
NOTICE@CSCLAWGRO	UP.COM				
	E-mail address: (to be used	for future annual rep	port notification	1)	
For further information con	cerning this matter, please	call:			
KATELYN DEMATTIA			561	623-5466	
·····	(Name of Contact Person) at		(Daytime Telephone	Number)
Enclosed is a check for the	following amount made pa	iyable to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee scate of Status led Copy tional Copy is sed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address
Amendment Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

MYSTIC COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.

2022 J 1. 25 FM 3: 45

(Name of Corporation as currently filed with th N97000005043	e Florida Dept. of	State)	
(Docur	nent Number of Co	rporation (if known)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this F	lorida Not For Profit C	orporation adopts the following
A. If amending name, enter the new name of th	e corporation:		
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		"incorporated" or the a	
B. Enter new principal office address, if applica	N/A		
(Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) N/A		
D. If amending the registered agent and/or regi	stered office addra	see in Flarida, ontar the	name of the
new registered agent and/or the new register		iss in Piorida, enter the	name of the
Name of New Registered Agent:	RYAN S. COPPLE		
Name of New Registered Agent.	4455 MILITARY	TRAIL, SUITE 200	
		(Florida street o	- Hansai
New Registered Office Address:		(Fioriaa sireet a	uuress)
	JUPITER		33458
	(City,)	, Florida
N N			
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		ith and accept the obliga	tions of the position.
,	Ω	4	of any franchism
	Kom.	(_ash_	
-	- Qignature	of New Registered Agen	t, 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 A Add	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Na</u>	a <u>me</u>	<u>Addres</u> s
1) Change Add				
Remove				
2) Change Add				
Remove 3) Change Add Remove		_		
4) Change Add				
Remove				
5) Change Add		<u> </u>	<u> </u>	
Remove				
6) Change Add		_		
Remove			_	
E. If amending or addin (attach additional shee	g additio ts, if nece	onal Articles essary). (Be	e specific)	
N/A				_

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	<u> </u>	
		
	<u> </u>	·
	July 8, 2022	
The date of each amendment(s) adoption date this document was signed.	:	, if other than the
Effective date if applicable: July 8, 2022		
((no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departme	s not meet the applicable statutory filing requirements, this $\mathfrak c$ nt of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amend	ment(s)

There are no members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

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 (Typed or printed name of person signing)

Presided — Masser Cove Hong