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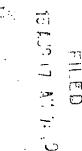
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Beacon Harbour Co | ndominium Association, Inc. |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N99000000403 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| Carlos Chialastri | |
| | (Name of Contact Person) |
| Trizel Commercial Real Estate Services | |
| | (Firm/ Company) |
| 2460 SW 22nd St. 1st Floor | |
| | (Address) |
| Miami, Fl 33145 | |
| | (City/ State and Zip Code) |
| Service@trizelcre.com | |
| E-mail address: (to be used | d for future annual report notification) |
| For further information concerning this matter, please | call: |
| Niki Naranjo | 305 441-0040 at |
| (Name of Contact Persor | |
| Enclosed is a check for the following amount made pa | ayable to the Florida Department of State: |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & □\$52.50 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 P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

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

Articles of Amendment to Articles of Incorporation of

Beacon Harbour Condominium Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (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: , Florida _

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 🛬 🖔

(Zip Code)

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 Mi | nn Doe ke Jones ly Smith | |
|----------------------------------|--------------|--------------------------------|----------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | Michael La Rocca | . 1660 S Bayshore Ct. #102 |
| Add | | | Miami, Fl 33133 |
| X Remove | | | |
| 2) Change | VP | Martha L. Jaramillo | 1660 S. Bayshore Ct. #302 |
| X Add | | | Miami, Fl 33133 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | <u></u> . |

| . If amending or adding additional Arti | icles, enter change(s) here: |
|------------------------------------------------------------------------------------------|------------------------------|
| E. If amending or adding additional Artication (attach additional sheets, if necessary). | (Be specific) |
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| | | 08/12/2015 | |
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| | date of each amen this document was | dment(s) adoption:signed. | , if other than the |
| Effe | ective date <u>if appli</u> c | able: | |
| | | (no more than 90 days after amendment file date) | |
| | | ed in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records. | ate will not be listed as the |
| Ada | ption of Amendme | ent(s) (CHECK ONE) | |
| | The amendment(s) was/were sufficien | was/were adopted by the members and the number of votes cast for the amendate for approval. | nent(s) |
| | There are no memi adopted by the box | pers or members entitled to vote on the amendment(s). The amendment(s) was/ | were |
| | Dated | 08/12/2015 /_ 1 (L) | |
| | Signature | NM | |
| | (| (By the chairman or vice chairman of the board, president or other officer-if direction have not been selected, by an incorporator — if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary) | |
| | | (Typed or printed name of person signing) | Bildplatersack |
| | , | Findlay Black PRESIDENT | |
| | | (Title of person signing) | |