719056

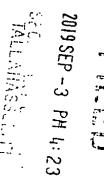
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	RA NORTH ASSOCIATION, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subt	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
John Scatchell	
	(Name of Contact Person)
FAIRWAYS RIVIERA NORTH ASSOCIATION, IN	SC.
	(Firm/ Company)
400 Diplomat Pkwy #214,	
	(Address)
Hallandale, FL 33009	
	(City/ State and Zip Code)
diplomat400@outlook.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
John Scatchell	786 2620988 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FAIRWAYS RIVIERA NORTH ASSOCIATION, INC.

(Name of Corporation as curren	tly filed with the Flori	ida Dept. of State)	
719056			
(Document Numb	er of Corporation (if kn	nown)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	r Profit Corporation adop	pts the followi
A. If amending name, enter the new name of the corporati	ion:		
			The ne
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated	" or the abbreviation "C	orp," or "Inc
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)	400 Diplomat Pkwy #	#214. Hallandale Fl 33009	<u> </u>
			LLMINSSEE FE
D. If amending the registered agent and/or registered offic	ce address in Florida,	enter the name of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent: John Scat-	chell		23
	ıFle	orida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Cod	de)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		the obligations of the pos	sition.
	Ih in L	Sithall	
	inature of New Registe	ered 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	<u>PT</u> <u>Υ</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove			
Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Current Registered agent Norman Scheen needs to be removed and replaced with new John Scatchell.					
					
					

8/01/2019 The date of each amendment(s) adoption: , if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature (By the chairman or vice chairman of the board, president or other officer-if directors Thave 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)