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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NORTH PART CA	DUNTRY CLUB	ESTATE	s Ano	SUMTER	GREEN
NEICHBORHO	as Associati	ON IN	<u> </u>		<del></del>
DOCUMENT NUMBER: N030	0000 330	0			
The enclosed Articles of Amendment and fee are submi		•			
Please return all correspondence concerning this matter	to the following:				
DEAN VANDERSTE	ELT				
()	Name of Contact Perso	on)			
	(Firm/ Company)				
17996 HATHAWAY	Cr				
	(Address)				
SPRING CAKE, MI	49456				
, ((	City/ State and Zip Cod	le)			
NORTHPOZT COUNTRY CLO E-mail address: (to be used I	で とってATEへ or future annual report	med (عرب) (notification	AIL. (0	М	
For further information concerning this matter, please c	all:				
DEAN VANDERSTELT (Name of Contact Person)	at	248 .rea Code)	953 (Daytime Te	- 5816 elephone Numb	er)
Enclosed is a check for the following amount made pay					
□ \$35 Filing Fee S43.75 Filing Fee & □ Certificate of Status		Certifie	ate of Status d Copy onal Copy is		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi The C	t Address dment Section on of Corpor Centre of Ta N. Monroe	ations Hahassee	e 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

If amending name, enter the new name of the corporation:    Variable Course Course Netherland Association   With Port Course Constitution   With the must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "h. Company" or "Co." may not be used in the name.    Enter new principal office address, if applicable: Principal office address   MUST BE A STREET ADDRESS	<b>人した ア</b> /	orida Dept. of State)
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  If amending the registered of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending had contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "h. Company" or "Co." may not be used in the name.  Enter new principal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS  Enter new mailing address MUST BE A STREET ADDRESS  Enter new mailing address MAY BE A POST OFFICE BOX)  P.O. BOX 7041  NORTH PORT, FL. 34290  If amending the registered agent and/or the new 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:  SOYY KINGSEY RODY  SOYY KINGSEY RODY  Florida  (City)  Florida  (City)  Grand C. Grand Street address of the position.  Amage C. Grand Corp.  Source of the appointment as registered agent. I am familiar with and accept the obligations of the position.		
If amending the registered agent and/or the new registered office address:  Nath Poet Country Club Estates Nethaborhow Association With the memory of the distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "h. Company" or "Co." may not be used in the name.  Enter new principal office address, if applicable: trincipal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  P.O. BOX 7041  NURTH POET, FL. 34290  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:  Nume of New Registered Agent:  South KINGSLEY ROD Noath Bet, FC.  (Florida street address)  (City)  Florida  (City)  Gipt Code)  Ever Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Take C. Box Rod C. Gracol Signature.	`	• • • •
DERTH POET Country Cours Frates Netheborhow Association We the time must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "the Company" or "Co." may not be used in the name.  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  P.O. BOX 7041  NORTH POET, FL. 34290  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:  Name of New Registered Agent:  SOYY KINKSLEY ROD NORTH BET, FC.  New Registered Office Address:  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Amel C. Brack S.	insuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
me must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "h Company" or "Co." may not be used in the name  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  P.O. BOX 7041  NORTH PORT, FL 34290  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:  SOYY KINCSLEY ROD NORTH BET, FC  New Registered Office Address:  (City)  Florida (Zip Cade)  ew Registered Agent's Signature, if changing Registered Agent: berehy accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	. If amending name, enter the new name of the cor	rporation:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  P.O. BOX 7041  NORTH PORT, FL. 34290  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:  New Registered Office Address:  South Kinksley Road North Ber, FC (Florida street address)  (City)  (Ci	NORTH PORT COUNTRY CLUB ES ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	TATES NEILHBORNOW ASSOCIATION IN The new orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  P.O. BOX 7041  NORTH PORT, FL 34290  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:  New Registered Agent:  New Registered Office Address:  (City)	B. Enter new principal office address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)  P.O. BOX 7041  NORTH PORT, FL 34290  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:  New Registered Office Address:  South Kingsley Road North Ber, FC  (Florida street address)  Florida  (City)  Florida  (City)  Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
Mailing address MAY BE A POST OFFICE BOX)  P.O. BOX 7041  NORTH PORT, FL 34290  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:  New Registered Office Address:  South Kingsley Road North Ber, FC  (Florida street address)  Florida  (City)  Florida  (City)  Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
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NORTH PORT, FL 34290  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:  SOYY KINGSLEY ROD MORTH BET, FC (Florida street address)  New Registered Office Address:  (City) (Zip Code)  we Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	
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:   SAMES BRADY		<u> 1.0. Box 7041</u>
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:   SAMES BRADY		NORTH PORT, FL 34290
Name of New Registered Agent:  Name of New Registered Agent:  SOLY KINGSLEY RODY  (Florida street address)  New Registered Office Address:  (City)  (C	r Idan a Para da a da a da a da a da a da a da	,
SOYY KINGSLEY ROW NORTH BET, FC  (Florida street address)  New Registered Office Address:  (City)  (Ci		
SOYY KINGSLEY ROW NORTH BET, FC  (Florida street address)  New Registered Office Address:  (City)  (Ci	Name of Vine Registered Agents	TAMES RANDY
New Registered Office Address:    City   Florida		
(City)	$\overline{\sim}$	144 KINGSLEY KOAD NOATH KOET, FC S
(City) (Zip Code) <u>ew Registered Agent's Signature, if changing Registered Agent:</u> bereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		17 30 INC 37 CT MINIC 30
(City) (Zip Code) <u>ew Registered Agent's Signature, if changing Registered Agent:</u> bereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address:	Florida
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Office Address:	
Signature of New Registered Agent, if changing	<del></del>	(City) (Zip Code)
Signature of New Registered Agent, if changing	low Registered Agent's Signature, if changing Regis	(City) (Zip Code) stered Agent:
/	New Registered Agent's Signature, if changing Regis	(City) (Zip Code) stered Agent:
	lew Registered Agent's Signature, if changing Regis	(City) (Zip Code)  stered Agent:  am familiar with and accept the obligations of the position.
	New Registered Agent's Signature, if changing Regis	(City) (Zip Code)  stered Agent:  am familiar with and accept the obligations of the position.

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         John D           V         Mike John S           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	?	JAMES GLASS	SO41 RIGHMOND RERACE NORTH PORT, FL 34287
Remove 2) Change Add	<u>VP</u>	LARY THALMAN	SO42 GREENWAY DRIVE NOOTH PORT FL 34287
X   Remove	<u> </u>	GART THALMAN	SOYZ GREENWAY DRIVE NORTH POET, FL 34287
4) Change Add	<u>s</u>	JAMES GERALO MURPHY	SOUS GREENWAY DENE NORTH PORT, FC 342E7
Remove  5) Change Add	<u>D</u>	KENT Scully	SO47 GREENWAY DAINE NOILTH PORT, FL 34287
Remove 6) Change Add	_D	GERALO STEPHENS	SOBB KINNIN EY ROAD NONTH ADRT, FL 34287
E. If amending or addir (attach additional shee		i <u>cles, enter change(s) here</u> : (Be specific)	

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:

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Example:  X.Change X.Remove X.Add	V Mil	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
し Change Add	<u> </u>	JAMES NOVAK	SOLE KINGSLEY ROAD NOWTH PORT FL 34287
Remove  2) Change Add	YP_	THERESA FORD	SOTIO KINUSLEY ROAD NORTH PORT, FL 34247
3 ) Remove Change	<u>T</u> _	JAMES BRADY	SOYY KINLSLEY ROAD NORTH PORT, FL 342B7
4) Change	S	DEAN VANDERSTELT	17996 HATHAWAY (F. SPRINC LAKE, MI 49456
Remove  5) Change Add	D	DANIEL MIZE	5081 KINGSLEY READ NOILTH PORT, FC 34287
Remove 6)ChangeAdd	<u>D</u>	ALETA CONWAY	SION RICHMOND TERRACE NORTH ROLF, FL 34287
E. <u>If amending or ad</u> (attach additional sa		Articles, enter change(s) here: y). (Be specific)	<del></del>

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:

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Example: X/Change X/Remove X/Add	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	ZAMOHT WEST	5088 KINUSLEY ROAV NORTH PORT FL 34287
Remove			
2) Change Add	<del></del>		
Remove 3 ) Remove Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here; (Be specific)	

The date of each amendment(s) adoption: OCTOBER 29, ZOZO 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.

Ø	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
	Signature Asin Novel
	(By the chairman or 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)
	JAMES NOVAK
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)