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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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JUL 2 5 2017

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: _ | RANGEBROOK GC | OLF APARTMEN' | rs inc., a co | NDOMINIUM ———————————————————————————————————— | |
|---------------------------------------|-------------------------|---|------------------------------|--|----|
| DOCUMENT NUMBER: | 8 | | | | |
| The enclosed Articles of Amendme | ent and fee are submit | tted for filing. | | | |
| Please return all correspondence co | ncerning this matter | to the following: | | | |
| THOMAS HAYES | | | | | |
| | 1) | iame of Contact P | erson) | | |
| ORANGEBROOK GOLF APART | MENTS INC., A CO | NDOMINIUM | | | |
| · · · · · · · · · · · · · · · · · · · | | (Firm/ Company | y) | | |
| 3600 JACKSON STREET APT. #- | 4 | | | | |
| | | (Address) | | | |
| HOLLYWOOD, FL 33021 | | | | | |
| | (0 | City/ State and Zip | Code) | | |
| TEE845@AOL.COM | | | | | |
| E-mail a | iddress: (to be used fo | or future annual rep | port notification | n) | |
| For further information concerning | this matter, please ca | l l : | | | |
| THOMAS HAYES | | at | 954 | 292-1638 | |
| (Name | of Contact Person) | | (Area Code) | (Daytime Telephone Number | .) |
| Enclosed is a check for the following | ng amount made paya | ble to the Florida | Department of | State: | |
| | | \$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certif is Certif (Addi | 0 Filing Fee Teate of Status Ted Copy Itional Copy is Dised) | |
| Mailing Address Amendment Sect | | Street Address Amendment Section | | | |

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

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

Articles of Amendment

to

Articles of Incorporation

of

77 8 00 000013

| (Name of Corporation as o | urrently filed with the Flor | ida-Dept. of State) | | | |
|--|--|---|--|--|--|
| 707528 | | | | | |
| | Number of Competion (if kr | · · · · · · · · · · · · · · · · · · · | | | |
| (Document | Number of Corporation (if kr | iowii) | | | |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this <i>Florida Not Fo</i> r | r Profit Corporation adopts the following | | | |
| A. If amending name, enter the new name of the cor | poration: | | | | |
| N/A | | The new | | | |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | orporation" or "incorporated | | | | |
| | N/A | | | | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u> | | | | | |
| C. Enter new mailing address, if applicable: | N/A | | | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> | 0 | | | | |
| | | | | | |
| D. If amending the registered agent and/or registere | ed office address in Florida, | enter the name of the | | | |
| new registered agent and/or the new registered o | ffice address: | | | | |
| Name of New Registered Agent: | <u> </u> | | | | |
| N/A | Ą | | | | |
| | (Florida street address) | | | | |
| New Registered Office Address: | | | | | |
| N/A | A | . Florida | | | |
| | (City) | (Zip Code) | | | |
| New Registered Agent's Signature, if changing Regi | stered Agent: | | | | |
| I hereby accept the appointment as registered agent. | | the obligations of the position. | | | |
| | | | | | |
| | G: CN D : | 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>V</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 | D | JOAN HASSLER | 3600 JACKSON ST., #25 |
| Add | | | HOLLYWOOD, FL 33021 |
| X Remove | | | |
| 2) Change | D | JON JACKA | 3600 JACKSON ST., #23 |
| X Add | | | HOLLYWOOD, FL 33021 |
| Remove | | | |
| 3) Change | <u>P</u> | JOHN MONGO | 3600 JACKSON ST., #1 |
| Add | | | HOLLYWOOD, FL 33021 |
| X Remove | | | |
| 4) Change | P | JOSHUA MORALES | 3600 JACKSON ST., #2 |
| X Add | | | HOLLYWOOD, FL 33021 |
| Remove | | | |
| 5) Change | D | GINNY HOLMAN | 5501 FILMORE STREET |
| Add | | | HOLLYWOOD, FL 33021 |
| X Remove | | | |
| 6) Change | D | LARRY LYNCH | 3600 JACKSON ST., #1 |
| 6) Change X Add | | | HOLLYWOOD, FL 33021 |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | | | | | | | |
|---|------|--------|----|-------|---------|--------|----------|----------------|------------------|----------|
| Type of Action: | ADD, | Title: | D, | Name: | ТІМОТНҮ | PIANO, | Address: | 3600 JACKSON S | T., #26, HOLLY | WOOD, FL |
| 33021 | _ | | | | | | | | | |
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| | MAY 30, 2017 | |
|------|--|---|
| | The date of each amendment(s) adoption:late this document was signed. | , if other than the |
| Effe | IMMEDIATELY, OR THE DATE THE Effective date if applicable: | S DOCUMENT WAS SIGNED. |
| | (no more than 90 days after | amendment file date) |
| | Note: If the date inserted in this block does not meet the applicable stated ocument's effective date on the Department of State's records. | tutory filing requirements, this date will not be listed as the |
| Ado | Adoption of Amendment(s) (CHECK ONE) | |
| | ■ The amendment(s) was/were adopted by the members and the numwas/were sufficient for approval. | ber of votes cast for the amendment(s) |
| | There are no members or members entitled to vote on the amendm adopted by the board of directors. | ent(s). The amendment(s) was/were |
| | 07-16-2017 Dated | - |
| | Signature thorony Hurses | |
| | (By the chairman of vice chairman of the board, have not been selected, by an incorporator – if other court appointed fiduciary by that fiduciar | in the hands of a receiver, trustee, or |
| | THOMAS HAYES | |
| | (Typed or printed na | ame of person signing) |
| | TREASURER | |
| | (Title of | person signing) |