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COVER LETTER

TO: Amendment Section

Division of Corporations

MR JUNEA PH 40 11

NAME OF CORPORATION: GARDEN CLUB of ST AUGUSITALE
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Trudi Eden Field Name of Contact Person
Firm/ Company 50 Wandering Woods Way Address Pente Vedra FL 32081-0618 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Trudi Eden field at (904) 686-9320 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GARDEN CLUS	OF ST AUG	BUSTENE	Incorpor
(Name of Corporation a	s currently filed with the Flor	ida Dept. of State)	•
7	09904		
(Docume	nt Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006. Florid amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fo</i>	r Profit Corporation a	idopts the following
A. If amending name, enter the new name of the c	corporation:		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	'corporation" or "incorporated	l" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent:			
<u>New Registered Office Address:</u>	So Wandering 1	orida street address) 🛈	FL 32081
	(City)	Florida (Zip)	1 Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent:		
	Signature of New Region	ered Agent, it changin	<u> </u>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove, and Sally Smith, SV as an Add.			
Example: X Change X Remove X Add	PT John I V Mike . SV Sally 5	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	Shirley BONNER	138 Marshside DR
Add Remove			<u>St Augustine, Fl.</u> 32080 - 5837
2) Change	P	Beverly Stuart	249 Kingston, DR
Add Remove 3) Change	<u> </u>	Trudi EdenField	St Augustine, FC 32084-1380 50 wandering wards Ponte Vedra, FC
Remove 4) Change Add	<u> </u>	CRAIG RAYNUR	32081-0618 132 Paluma Pt St Augustine, Fl 32084-8690
Remove 5) Change Add Remove	<u> </u>	ANN DIGK	109 Constal Hullow L St Augustine, FL. 32084-9069
6) Change Add	<u></u>	Sue Suxin	716 Willow Wood Pl St Augustine, FL. 32086-5096
Remove		Page 2 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Chie, 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.

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Mike Jones, v. as Rem	ove, ana sauy sm	un, Sv as an Aaa.	
Example: X Change X Remove X Add	V Mil	n Doe te Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	_V_	Burbara Ruyuur	132 Paloma Pt. St Augustine, Fl. 32084-8690
2) Change Add Remove	_\$_	Barbara NOVAK	Sto Crestwood DR St. Augustine, FC 32086-3246
		Teresa Luprz	424 S. It Iden Tree 1 St Augustine, FL 32036-5226
4) Change Add Remove	<u>S</u>	Bea Imhoff	2651 Palencia St. St Augustine, FL. 32084-2976
5) Change Add Remove		Donna Walstand	150 Ocean Hulland St Augustine, FC 32084-1748
6) Change Add Remove		Page 2 of 4 (c.	antinued)

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here:
(antich aquitional sheets, ij necessurv).	(Бе хрестис)
N/A	
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The date of each amendment(s) adoption: April 10, 2019, if other than
date this document was signed.
Effective date if applicable: April 10, 2019
(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.
Dated May 23, 2019 Signature Tourield
(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)
TRUDI EDENFIELD (Typed or printed name of person signing)
TREASURER (Title of person signing)