720770

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cil	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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10/02/15--01018--014 **35.00



Office Use Only

XE0789, 01169, 00707, 00671

COVER LETTER

Division of Corporations Gold Key Villas Wes **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Helen Waddell
(Name of Contact Person) ccounting + Book Koe menab Ro For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2015

Helen Waddell Prestige Accounting & Bookkeeping Inc 7134 W. McNab Rd. Tamarac, FL 33321

SUBJECT: GOLD KEY VILLAS WEST, INC.

Ref. Number: 720770

We have received your document for GOLD KEY VILLAS WEST, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 115A00021119

15 OCT 27 AN 7: 54

Articles of Amendment

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Ar	rticles of Incorporation	FILLED	
Gold Key Villag	west Inc	MIN OCT 27 PM 3: 41	
(Name of Corporation as co	urrently filed with the Florida Dept.	of State	
720770		of State) CREATINGS EE, FLORI	
(Document)	Number of Corporation (if known)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corp	ooration:		
name must be distinguishable and contain the word "cor" "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the a	The new abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		nab RU FL 33321	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent:		name of the	
New Registered Office Address:	(Florida street	address)	
. <u>. </u>		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accept the oblig	ations of the position.	
-	Signature of New Registered Age	nt, 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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	D	ABRAMS, IRMA	2211 NW 81ST TERR		
Add			SUNRISE, FL 33322		
X Remove					
2) Change	<u>T</u>	Manuel Cespedes	2211 NW 81ST TERR		
X Add			SUNRISE, FL 33322		
Remove					
3) Change	S	Jennifer Penagos	2211 NW 81ST TERR		
X Add			SUNRISE, FL 33322		
Remove					
4) Change	<u>D</u>	Henry Labady	2211 NW 81ST TERR		
X ··· Add			SUNRISE, FL 33322		
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding ad (attach additional sheets, if	ditional Articles, e	nter change(s)	<u>here</u> :	
(, 9		F 9)		
		•		
•				
			 	
		-		 · · · · ·
	-			
			, <u></u>	

The	date of each amendment(s) ad	option;	, if other than the
date	this document was signed.		
Effe	ctive date <u>if applicable</u> :	8/30/15	
	•	(no more than 90 days after amendment file date)	
<u>Note</u> docu	e: If the date inserted in this blooment's effective date on the Dep	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
X	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the	he amendment(s)
	There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amendments.	ent(s) was/were
	Dated 10	14/15	
	Signature	Park	
	have not bee	nan or vice chairman of the board, president or other off n selected, by an incorporator – if in the hands of a recei ppointed fiduciary by that fiduciary)	icer-if directors iver, trustee, or
	M	ary Pankjewic 2 (Typed or printed name of person signing)	
	<u>.</u>	(Title of person signing)	