741814

(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
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A. RAMSEY JUN 2 8 2022

COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

Golf Villas, Incorpo	rated		
:741814			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matter	ter to the following:		
Mona Bakley			
	(Name of Contact I	Person)	
FirstService Residential			
	(Firm/ Compa	ıy)	
3055 Cardinal Drive, Suite 200			
	(Address)		· · · · · · · · · · · · · · · · · · ·
Vero Beach, FL 32963			
	(City/ State and Zip	Code)	
mona.bakley@fsresidential.com			
E-mail address: (to be use	d for future annual r	eport notificati	on)
For further information concerning this matter, please	e call:		
Mona Bakley	;		302-9182
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department o	of State:
■ \$35 Filing Fee	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Cert is Cert (Ade	50 Filing Fee ificate of Status ified Copy fitional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	ج ۲	treet Address mendment Sec Division of Cor The Centre of	ction porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

GOLF VILLAS, INCORPORATED

2022 JUN 28 PM 12 56

(Name of Corporation as	currently I	filed with th	e Florida	Dept.	of State
					,

GOLF VILLAS, INCORPORATED

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporatio	n" or "incorporated" or i	he abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applical	ole:	FIRSTSERVICE RESIDE	NTIAL
(Principal office address MUST BE A STREET AL	<u>DDRESS</u>)	3055 CARDINAL DRIVE	, SUITE 200
	·	VERO BEACH, FL 32963	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	8 <i>0X</i>)	FIRSTSERVICE RESIDE	NTIAL
		3055 CARDINAL DRIVE	SUITE 200
	_	VERO BEACH, FL 3296	3
D. If amending the registered agent and/or registered agent and/or the new registered. Name of New Registered Agent:	ed office ad		r the name of the
	1701 High	way A1A Suite 220	
New Registered Office Address:		(Florida :	street address)
	VERO BE	ACH	, Florida 32963
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen			bligations of the position.
	5/8	nature of New Registered	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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>D</u>	Ernest Curinga	2400 s. Ocean Drive #5214 Fort Pierce, FL 34949
xx Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		 	

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		-		
		-		
				
<u>.</u>				
The date of each amendment(s) adoption date this document was signed.	otion:			, if other than the
6/15/23	2			
Effective date if applicable:	(no more than 90 day	vs after amendment	file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the application of State's records	cable statutory filing	g requirements, this da	nte will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and	the number of vote	es cast for the amenda	nent(s)

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 6/15/22
Signature
Lynne Tingley
(Typed or printed name of person signing)

(Title of person signing)