749769

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COVER LETTER

TO: Amendment Section Division of Corporations

GOLF VIEW NAME OF CORPORATION:	V MANOR II CONDOMINIUM ASSOCIATION, INC.
749769 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Todd B. Allen, Esq.	
	(Name of Contact Person)
Lindsay & Allen, PLLC	
	(Firm/ Company)
13180 Livingston Road, Suite 206	
	(Address)
Naples, FL 34109	
	(City/ State and Zip Code)
Todd@naples.law	\vee
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
Todd Allen	239 593-79(X)
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of	Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is Enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address 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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
749769		
(Document Num	nber of Corporation (if known)	_
Pursuant to the provisions of section 617,1006, Florida Statu imendment(s) to its Articles of Incorporation:	ntes, this Florida Not For Profit Corporation adopts the following	ing
A. If amending name, enter the new name of the corpora	<u>ıtion:</u>	
_		ew.
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc	."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>	(<u>2</u>	}
		<u>구</u> =
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		⇒ PH
(Matting diaress MAT BE A LOST OF PICE BOX)		
	-	. •
If amending the registered agent and/or registered off new registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	_
New Registerea Conce Adaress.		
	, Florida	—
Sew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	d Agent:	
- <u></u>	Signature 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones Iv Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Þ	Paul Chavanick	6704 Lone Oak Blvd
Add			Naples, FL 34109
X Remove			
2) Change	.s	Barbara Fields	6704 Lone Oak Blvd
Add			Naples, FL 34109
X Remove			
3) X Change	P	John O'Brien	4670 Cardinal Way, Suite 302
Add			Naples, FL 34112
Remove			
4) Change	VT	Lee Brooks	4670 Cardinal Way, Suite 302
X Add			Naples, FL 34112
Remove			
5) Change	D	Ann Watı	4670 Cardinal Way, Suite 302
X Add			Naples, FL 34112
Remove			
6) Change	D	Richard Jones	4670 Cardinal Way, Suite 302
X Add			Naples, FL 34112
Remove			

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	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Lee Vancii	4670 Cardinal Way, Suite 302
X Add			Naples, FL 34122
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)				
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			<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
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			<u>.</u>		

	e date of each amendment(s) adoption:e this document was signed.	, if other than th
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ument's effective date on the Department of State's records.	f be listed as the
Ade	option 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 12/3/18	
	Signature (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)	
	JOHN D. O BRIEN	
	(Typed or printed name of person signing) PRESIDENT, GOLF VIS.W MINORITY CONDO. ASSIV. (Title of person signing)	100.
	(Title of person signary)	