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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Farms Master Association	on, Inc.			
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning th	is matter to the followi	ng:			
	(Name of Cont	act Person)			
Bemo Association Partners, Inc.					
	(Firm/ Con	npany)			
1500 Gateway Blvd., #220					
	(Addre	ss)	****		
Boynton Beach, FL 33426					
	(City/ State and	Zip Code)			
bemogeneral@bemopartners.com					
E-mail address: (to	be used for future annu	al report not	ification)	,,,,	
For further information concerning this matter	, please call:			20 20 20	2021
Victoria Morton		561 at	340-3366		2021 FEB (
(Name of Contact	Person)	(Area	Code) (Daytime Telepho	one Number)	<u> </u>
Enclosed is a check for the following amount of	nade payable to the Flo	rida Departi	nent of State:	07 S	PH ?
■ \$35 Filing Fee □\$43.75 Filing I Certificate of 9	Fee & \$\Bigsiz\$\$ \$\Bigsiz\$\$ \$\text{Status}\$ Certified Cope (Additional control of enclosed)	рy	D\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	FLE	2: 57
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division of	dress nt Section f Corporations re of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

Willoughby Farms Master Association, Inc.

(Name of Corporation as currently filed with the Florida	i Dept. of State)		
N00000004055			
(Document Nun	iber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the fo	ollowing	
A. If amending name, enter the new name of the corpor	ation:		
		The new	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	cation" or "incorporated" or the abbreviation "Corp." or	"Inc."	
B. Enter new principal office address, if applicable:	c/o Bemo Association Partners, Inc.		
(Principal office address MUST BE A STREET ADDRES.	1500 Gateway Blvd #220		
	Boynton Beach, FL 33426		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	c/o Bemo Association Partners, Inc.		
	1500 Gateway Blvd., #220		
	Boynton Beach, FL 33426	202	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		I FEB 24	
Name of New Registered Agent:	Association Partners., Inc.	24 24	
	ateway Blvd., #220	7	
New Registered Office Address:	(Florida street address)	%: 57 27.57	
Boynton	n Beach Florida 33426		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am p			

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 D Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	$\overline{\mathcal{D}}$	Tray Hamilton	600 Sandtree Drive Palm Beach Craicus, Fr
Remove 2) Change Add		Ken Fischer	1500 Vaturay Blod HDD Doynton Beach, XL 33426
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add		18	
Remove			
6) Change Add			
Remove			-
E. <u>If amending or addir</u> (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	
			

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The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
Effective date <u>if applicable</u> : (no	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not be	oe listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(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 2/1/21
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)
Kenneth Fischer
(Typed or printed name of person signing)
Director Master Board.
(Title of person signing)