## N00119



(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	·			

Office Use Only



200437476312

10/08/24--01025--024 \*\*35.00

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Windstar Club,	Inc
N00119 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing
·	-
Please return all correspondence concerning this	matter to the following:
Patrice Heatherington	
	(Name of Contact Person)
Windstar Club, Inc.	
<del></del> ·	(Firm/ Company)
1700 Windstar Blvd	
	(Address)
Naples, FL 34112	
	(City/ State and Zip Code)
controller@windstarclub.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	lease call:
Patrice Heatherington	239 775-3400 ext 215
(Name of Contact Pe	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Windstar Club, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N00119 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Christine Pooler Name of New Registered Agent: 1700 Windstar Blvd. Naples, FL 34112 (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add			
Remove			
2) Change Add			
Remove 3 ) Remove Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
,			
<del></del>		·	

		<del></del>
	<del></del>	
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	<del></del>
The date of each amendment(s) adoption	n: 09/28/2024	if other than the
date this document was signed.	"	. Would than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

adopted by the bo	ard of directors.	
Dated	9/16/2024 9/28/2	4
Signature		(Mrete
		he/board, president or other officer-if directors rator – if in the hands of a receiver, trustee, or t fiduciary)
	DANIEL	TMIELE
	(Typed or p	orinted name of person signing)
	Boms	PresiDENT
		(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were