## N03432

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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2021 July 27 PH 2: 34

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Quail Creek Villag	ge Foundation, Inc.
N03632	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
John Lane, GM	
	(Name of Contact Person)
Quail Creek Village Foundation, Inc.	
	(Firm/ Company)
11655 Quail Village Way	
	(Address)
Naples, FL 341119	
	(City/ State and Zip Code)
JLane@quailvillagegolfclub.org	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
John Lane	239-598-9972 at
(Name of Contact Pers	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailino Address	Street Address

Mailing 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

(Name of Corporation as currently filed with the Florida L	ept. of State)
N/A	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
N/A	The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	<del></del>
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fai	niliar with and accept the obligations of the position.
Sig	gnature 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	David Uckotter	Naples, FL 34119
× Remove			
2) Change  X Add	D	Susan Stec	11764 Quail Village Way Naples, FL 34119
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	g addition	nal Articles, enter change(s) here: ssary). (Be specific)	

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		<del></del>
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		<del></del>
The date of each amendment(s) adopted date this document was signed.	ion:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	oes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

. . . . . . . . . .

Dated	//16/2021 
Signature	(B) the chairman or vice chairman of the board, president or other officer-if directo
C	have not been selected, by an incorporator – if in the hands of a receiver, trustee, of
	other court appointed fiduciary by that fiduciary)
	HAY STAMMERS (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	BOARD PRESIDENT
	(Title of person signing)