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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	ERT FOUNDATION IN	<u>. </u>	
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amendment and fee are sub-	nitted for tiling.		
Please return all correspondence concerning this matter	er to the following:		
Linda McMahon			
	(Name of Contact Perso	ખા)	
	(Firm√ Company)		
1419 Paradise Drive			
	(Address)		······································
Lady Lake, FL 32159			
	(City/ State and Zip Co	de)	
LMCM604514@aol.com			
E-mail address: (to be used	for future annual repor	t notification	······································
For further information concerning this matter, please	call:		
Linda McMahon	at	52	633-3159
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of	State:
X \$35 Filing Fee LI\$43.75 Filing Fee & Certificate of Status	L.\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certitī Certitī	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis The G	t Address idment Secti ion of Corpe Tentre of Ta N. Monroe	rations

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2020 OCT -5 PM 4:55

THE VILLAGES CERT FOUNDATION INC

THE VILLAGES CERT FOUNDATION INC	SECRETARY OF CT
(Name of Corporation as currently filed with the Florida Dept. of State)	TALLAHASSEE
N08000005726	-2/1/-
(Document Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For</i> amendment(s) to its Articles of Incorporation:	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation: $A \neq A$	
_/\// 	The new
name noist be distinguishable and contain the word "corporation" or "incorporated" "Company" or "Co." may not be used in the name	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS) (* 1/1)	
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, e	nter the name of the
new registered agent and/or the new registered office address: /	
Name of New Registered Agent:	
17/4	
· · · · · · · · · · · · · · · · · · ·	ida street address)
New Registered Office Address:	
	Florida
(Ciγι)	, Florida <u>(Zip Code)</u>
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the	se obligations of the position
. /	
$\Lambda//A$	
	ed 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 hold. President, Treasurer, Director would be PTD.

Changes should be noted in the following number. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Salty Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

Example: <u>N_Change</u> <u>X_Remove</u> <u>X_Add</u>		Doc Jones Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1} Change Add	<u>r</u>	BUSSONE, DAVID	2977 SILK TREE TERR THE VILLAGES, FL 32163
Remove			
2) Change Add	<u>D</u>	MILLER, OREN L	2889 EVINSTON CT THE VILLAGES, FL 32163
X	Þ	HUBER, GARY	2904 ASHER PATH THE VILLAGES, FL 32163
4) Change Add	<u>D</u>	LONGACRE, LT JOHN	3035 S. MORSE BLVD THE VILLAGES, FL 32163
Remove 5) Change	<u>D</u>	ARCHIBALD, PHYLLIS	1020 DUSTIN DRIVE THE VILLAGES, FL 32159
Remove 6) Change x Add	D	RIVERA, MARITZA	853 NAVIN ST THE VILLAGES, FL 32163
E. If amending or additional sh	ects, if necessary)	rtieles, enter change(s) here:). (Be specific)	
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• • •			
· N/A			
			
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	•		
			
	i		
The date of each amendment(s) adoption date this document was signed.	on: 09/28/20e	if oth	her than the
	(no more than 90 days after amendme		
Note: If the date inserted in this block do document's effective date on the Departm		ing requirements, this date will not be liste	d as the
Adoption 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.
Signature Judica Manual Manual Signature Judica Manual Man
(By the chairman or vice chairman of the hoard, 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)
Typed or printed name of person signing)
Rea-Surer (Fite of person signing)

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