

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	y/State/Zip/Phone	- t h
(Cil	y/State/Zip/Pflont	= # <i>)</i>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(53	Siness Entity Ival	
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400422265514

01/22/24--01027--085 **35.00



COVER LETTER

TO: Amendment Section **Division of Corporations**

The second second second

NAME OF CORPORATI	Indian Creek Golf V ON:	illas 1	 -		
DOCUMENT NUMBER:	N08574				
The enclosed Articles of An		·	· · · · ·		
The enclosed Articles by An	nenument and tee are suot	ninted for filling.			
Please return all correspond	ence concerning this matte	er to the following:			
Cindy L Scott					
		(Name of Contact Pers	on)		
Indian Creek Golf Villas 1					
		(Firm/ Company)			
15120 Riverbend Blvd #60	5				
		(Address)			
N Ft Myers FL 33917					
		(City/ State and Zip Co	ode)		
cindyscott713@yahoo.com					
1	E-mail address: (to be used	I for future annual repo	rt notification	1)	
For further information con	cerning this matter, please	call:			
Cindy Scott		8 at	347	508-6736	
	(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida De	epartment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing	1 ddroes	Stra	st Addrage		

Mailing Address
Amendment Section

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

Street Address
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 D	ept. of State)	
(Docume	ent Numbe	er of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not For Pl</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	corporati	on:	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		ion" or "incorporated" o	The new r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab		15120 Riverbend Blvd #	605
(Principal office address MUST BE A STREET ADDRES		N Ft Myers FL 33917	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>OX</i>)	15120 Riverbend Blvd #	605
		N Ft Myers FL 33917	
D. If amending the registered agent and/or regist new registered agent and/or the new registered.		ddress:	er the name of the
Name of New Registered Agent:	•	rerbend Blvd #605	· ,
<u>New Registered Office Address:</u>			a street address)
	N Ft Myer	rs	, Florida 33917
_		(City)	(Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.			obligations of the position.
	0	ج بھے م	500
	Sie	mature of New Revistered	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 John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VP</u>	John C Bottensek	N Ft Myers FL 33917
 X Remove 2) Change X Add 	<u>vp</u>	Karl Dischler	15120 Riverbend Blyd #601 N Ft Myers FL 33917
Remove 3) Change Add Remove			
4) Change Add	 		
Remove 5)ChangeAdd			
Remove 6) Change Add			
E. If amending or add (attach additional she	ling additional Ar eets, if necessary).	rticles, enter change(s) here: (Be specific)	<u> </u>

	 .
<u> </u>	
	÷
	•
	: `` **
	·-
The date of each amendment(s) adoption: January 1, 2024 date this document was signed.	, if other than the
Effective date if applicable: January 1, 2024	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed 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.
Dated \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Signature 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)
CINDY L. South
(Typed or printed name of person signing)
TREASURER
(Title of person signing)