N0900000 4567

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COVER LETTER

TO: Amendment Section Division of Corporations

Bo NAME OF CORPORATION:	nita Bay Club		
N09000 DOCUMENT NUMBER:	0004567		
The enclosed Articles of Amendmen	nt and fee are submitted for t	īling.	
Please return all correspondence cor	ncerning this matter to the fol	lowing:	
Stephanie Glasco			
	(Name of	Contact Person)	
Bonita Bay Club			
	(Firm	/ Company)	
26660 Country Club Drive			
	(,)	(ddress)	
Bonita Springs, FL 34134	_		
	(City/ Stat	e and Zip Code)	•
stephanieg@bonitabayclub.net			
E-mail ac	ldress: (to be used for future	annual report notificati	on)
For further information concerning t	his matter, please call:		
Stephanie Glasco		239 at	949-5061
(Name	of Contact Person)	(Area Code	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made payable to th	e Florida Department o	f State:
	:.75 Filing Fee & \$\Bigcup \\$43.75 tificate of Status	d Copy Ceronal copy is Ceronal copy is (Ad	.50 Filing Fee ifficate of Status iffied Copy ditional Copy is closed)
Mailing Address		Street Address	

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Bonita Bay Club						
(Name of Corporation	as curren	tly filed with	the Florida Dept. of	State)		
N09000004567						
(Document)	ment Numb	er of Corpora	tion (if known)			
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florid</i> e	a Not For Profit Corpo	oration adopts	the follow	ving
A. If amending name, enter the new name of th	<u>e corporati</u>	on:				
N/A					The i	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "inco	orporated" or the abbr	eviation "Cor _l		
B. Enter new principal office address, if applica		N/A				
Principal office address <u>MUST BE A STREET A</u>	(DDKESS)					
		-				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A				
				ž	7	
		-			<u>()</u>	_
				<u>;</u> ,	<u> </u>	
D. If amending the registered agent and/or regi			Florida, enter the nai	ne of the	24.6 8-8	-
new registered agent and/or the new register		<u>ddress:</u>		i ii	ς -	<u> </u>
Name of New Registered Agent:	N/A				<u> </u>	_; _;~
					191	
			(Florida street addr	ess)		
New Registered Office Address:	;					
				Florida		
		(City)		(Zip Code)	i	
New Registered Agent's Signature, if changing l	Registered	Agent				
hereby accept the appointment as registered ager			d accept the obligation	is of the positi	on.	
	•		•	•		
-	Si	gnature of Ne	w 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Dan Miles	26660 Country Club Drive
X Add			Bonita Springs, FL 34134
Remove			
2) Change			
Add			
Remove			
3) Change			ASSE 8
Add			
Remove			LORIDA STATE LORIDA D
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)			
A			
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-			
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		11,52	
		FLORID	<u> </u>
		<u></u>	AM : 00
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ne date of each amendment(s) ac te this document was signed.	•	, if other than t
7/19)/19	
fective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
te: If the date inserted in this blo cument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
option of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated 7/19/19		
Signature (By the chair	rman or vice chairman of the board, president or other officer-if directors	
have not be	ren selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Paul Nu	ssbaum	
	(Typed or printed name of person signing)	
VP		
	(Title of person signing)	
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