N0900005817

| (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: |
| Correctes document |
| Sy telephone Call In 3/18/10 |
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Office Use Only



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SECRETERY OF STATE
SECRETERS SEE. FLORIDA

TRODUCTS MAR 1/8 2010)



January 14, 2010

TERRY FURHOVDEN 9930 COCONUT RD BONITA SPRING, FL 34135

SUBJECT: THE COMMONS CLUB AT THE BROOKS, INC.

Ref. Number: N09000005817

We have received your document for THE COMMONS CLUB AT THE BROOKS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Letter Number: 410A00001103

Tina Roberts
Regulatory Specialist II

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORP | ORATION: The Com | imons Cluba | + the Brooks Inc |
|----------------------|--|--|---|
| DOCUMENT NU | MBER: NO900 | 0005817 | |
| The enclosed Artica | les of Amendment and fee are sub | omitted for filing. | |
| Please return all co | rrespondence concerning this mat | ter to the following: | |
| | Terry Fur | horden | |
| | (Name of | Contact Person) | |
| | The Commons (Firm | Club at the | Brooks INC |
| | | Conut Rood Address) | |
| | (4 | Address) | |
| | Bonita Spr | ings FL 30 te and Zip Code) | H135 EARLARY |
| | (City/ Sta deniseq @ the E-mail address: (to be use | , , | लिख 🏲 😴 |
| For further informa | tion concerning this matter, pleas | e call: | To. Co |
| | Coloer ne of Contact Person) | | 19-3815 ytime Telephone Number) |
| Enclosed is a check | for the following amount made p | payable to the Florida Departm | nent of State: |
| \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| An Div | niling Address nendment Section vision of Corporations D. Box 6327 | Street Address Amendment Section Division of Corpor Clifton Building | |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

| | of | | | |
|--|--------------------------------|--------------------------|-------------------------|-----------------|
| The Commons (Name of Corporation as curre | | + the | | INC. |
| No 9 60 C | | | i State) | |
| (Document Num | ber of Corporation | ı (if known) | | |
| Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Inc. | | nis <i>Florida Not F</i> | or Profit Corporati | on adopts |
| A. If amending name, enter the new name of | the corporation: | | | |
| The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or B. Enter new principal office address, if apple (Principal office address MUST BE A STREET) | r "Co." may not be licable: | | | the |
| (Timesput Office address most DE 71 STREET) | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC | | | A | TO MAR 18 PM C |
| D. If amending the registered agent and/or renew registered agent and/or the new regis | | | , enter the name o | 3: 39 LORIDE |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | (Florida | street address) | | |
| - | | (City) | , Florida (Zip Code, | |
| New Registered Agent's Signature, if changin | ng Registered Age | ent: | | |

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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------------------|--|--|----------------|
| <u>D</u> | Ed Blackman | 2347/ Copper led B Donita Springs FL | Add Remove |
| _D_ | IKE Eikelberner | 24030 Copperled & Bonita Splings Fl 341: | Add Remove |
| | | | |
| E. If amendation (attach a | ding or adding additional Articles, enter dditional sheets, if necessary). (Be speci | change(s) here: | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| . · The date of each amendment(: | |
|---|--|
| Effective date if applicable: | (date of adoption is required) |
| Effective date in appricable. | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were was/were sufficient for approximation | e adopted by the members and the number of votes cast for the amendment(s) aval. |
| There are no members or m adopted by the board of dire | embers entitled to vote on the amendment(s). The amendment(s) was/were ctors. |
| Dated | 3/11/10 |
| Signature | Sartiful |
| have | he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
| _ | JAMES WART) |
| | (Typed or printed name of person signing) |
| | DRECTOR |
| | (Title of person signing) |